



Validation of Reporting Year 2016 Kentucky Medicaid Managed Care Performance Measures

Final Report
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Department for Medicaid Services
Division of Program Quality and Outcomes

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Background and Introduction

A goal of the Medicaid program is to improve the health status of Medicaid recipients. Statewide health care outcomes, health indicators and goals have been designed by the Kentucky Department of Medicaid Services (DMS). Federal Medicaid Managed Care regulations, 438.240 (C)(1) and (C)(2) Performance Measurement, require that the Medicaid managed care organizations (MCOs) measure and report to the State its performance, using standard measures required by the State and/or submit to the State data that enables the State to measure the MCOs' performance. As a result, a requirement of the Kentucky Medicaid MCO contract is the annual reporting of performance measures (PMs). These PMs, selected by DMS, include both the Healthcare Effectiveness Data and Information Set (HEDIS®)¹ and State-specific PMs which are based upon the Healthy Kentuckians 2010 and Healthy Kentuckians 2020 goals and health care priorities identified by DMS. Together, the measures address the access to, timeliness of, and quality of care provided for children, adolescents and adults enrolled in Managed Care with a focus on preventive care, health screenings, prenatal care, as well as special populations (e.g., adults with hypertension, children with special health care needs [CSHCN]).

During calendar year (CY) 2015, under contract to the DMS, five MCOs provided services to Medicaid recipients in Kentucky: Anthem BlueCross Blue Shield Medicaid (Anthem), Aetna Better Health of Kentucky (Aetna), Humana-Care Source (Humana), Passport Health Plan (Passport) and WellCare of Kentucky (WellCare). The MCOs were accountable for all covered health services for their members, except long term care and waiver services. These services were carved out to Fee-for-Service (FFS) Medicaid.

As required by Federal Medicaid external quality review (EQR) regulations and requirements, under contract with DMS as the external quality review organization (EQRO), Island Peer Review Organization (IPRO) was tasked with validating the reliability and validity of the MCOs' reported PM rates. The purpose of the validation was to:

- § Evaluate the accuracy of the Medicaid PMs reported by the MCOs; and
- § Determine the extent to which the Medicaid-specific PMs calculated by the MCOs followed the specifications established by DMS.

This report summarizes the validation activities and findings for the PM rates for the measurement year (MY) 2015 reported by the MCOs in 2016. In addition, IPRO has included recommendations for reporting year (RY) 2017 and future PM sets.

The required measures are listed in Table 1 and Table 2.

Table 1: Kentucky Medicaid Managed Care Performance Measures – RY 2016

HEDIS® Performance Measures
HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents² The percentage of members 3–17 years of age who had an outpatient visit with a primary care practitioner (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
HEDIS® Adult BMI Assessment The percentage of members 18–74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year. ³
HEDIS® Controlling High Blood Pressure The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year (ages 18-59: <140/90; ages 60-85 without diabetes: < 140/90; ages 60-85 with diabetes < 150/90).
HEDIS® Annual Dental Visit The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

² See the related Kentucky-specific measure: Height and Weight Documented; Appropriate Weight for Height

³ See the related Kentucky-specific measures: Counseling for Nutrition and Physical Activity for Adults and Height and Weight Documented; Appropriate Weight for Height

HEDIS® Performance Measures

HEDIS® Lead Screening in Children

The percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

HEDIS® Well-Child Visits in the First 15 Months of Life

The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.

HEDIS® Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

HEDIS® Adolescent Well-Care Visits

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

HEDIS® Children's and Adolescents' Access to Primary Care Practitioners

The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages:

§ Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.

§ Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

Table 2: Kentucky-Specific Performance Measures – RY 2016

Kentucky-Specific Performance Measures⁴

Prenatal and Postpartum Risk Assessment/Education/Counseling

The percentage of pregnant members who delivered between November 6 of the year prior to the measurement year and November 5 of the measurement year who had a prenatal/postpartum visit and received the following prenatal/postpartum services:

§ Tobacco use screening, positive screening for tobacco use, intervention for positive tobacco use screening;

§ Alcohol use screening, positive screening for alcohol use, intervention for positive alcohol use screening;

§ Drug use screening, positive screening for drug use, intervention for positive drug use screening;

§ Education/counseling for OTC/prescription medication use;

§ Education/counseling for nutrition;

§ Screening for depression; and

§ Screening for domestic violence

During the first two prenatal visits or the first two prenatal visits after enrollment in the MCO.

§ Screening for postpartum depression during the postpartum visit.

(Note: these are reported as fourteen separate numerators)

Cholesterol Screening for Adults

The percentage of male members age > 35 years and female members age > 45 years who had an outpatient office visit during the measurement year and appropriate LDL-C/cholesterol screening documented during the measurement year or the four years prior.

Height and Weight Documented; Appropriate Weight for Height for Adults

The percentage of members 18–74 years of age who had an outpatient visit and who had their height and weight documented and appropriate weight for height during the measurement year or the year prior to the measurement year.

(Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)

⁴ Copies of the full specifications for each of the Kentucky-specific PMs are available by request.

Kentucky-Specific Performance Measures⁴

Tobacco Screening for Adults

The percentage of members 18-74 years of age who had an outpatient visit and received tobacco screening, positive screening for tobacco use, and received an intervention for tobacco use.

(Note: This is a new performance measure for Reporting Year 2016)

Counseling for Nutrition and Physical Activity for Adults

The percentage of members 18–74 years of age who had an outpatient visit and who had counseling for nutrition and physical activity.

(Note: these are reported as two separate numerators)

Height and Weight Documented and Appropriate Weight for Height for Children and Adolescents

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had height and weight documented and appropriate weight for height.

(Note: these are reported as two separate numerators and are for reporting purposes only; achievement of improvement is not assessed.)

Adolescent Preventive Screening/Counseling

The percentage of adolescents 12–17 years of age who had at least one outpatient visit with a PCP or OB/GYN during the measurement year and had preventive screening/counseling for: tobacco use; alcohol/substance use; and sexual activity and screening/assessment for depression.

(Note: these are reported as four separate numerators.)

Individuals with Special Health Care Needs (ISHCN) Access to Preventive Care

The percentage of child and adolescent members, ages 12 months through 19 years, in the SSI and Foster categories of aid or who received services from the Commission for Children with Special Health Care Needs, who received the specified services as defined in the HEDIS® specifications.

Access to Care:

§ Children's and Adolescents' Access to Primary Care Practitioners

Preventive Care Visits:

§ Well-Child Visits in the First 15 Months of Life

§ Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life

§ Adolescent Well-Care Visits

§ Annual Dental Visit (Ages 2–21)

Methodology

In the protocol, *Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities* (updated 2012), the Centers for Medicare and Medicaid Services (CMS) specifies the activities to be undertaken by an EQRO for purposes of validating MCO-reported PMs. The activities defined in the protocol include assessment of:

- § The structure and integrity of the MCO's underlying information system (IS);
- § MCO ability to collect valid data from various internal and external sources;
- § Vendor (or subcontractor) data and processes, and the relationship of these data sources to those of the MCO;
- § MCO ability to integrate different types of information from varied data sources (e.g., member enrollment data, claims data, pharmacy data, vendor data) into a data repository or set of consolidated files for use in calculating PMs; and
- § Documentation of the MCO's processes to: collect appropriate and accurate data, manipulate the data through programmed queries, internally validate results of the operations performed on the data sets, follow specified procedures for calculating the specified PMs, and report the measures appropriately.

While the protocol provides methods of evaluation, tools and worksheets, and activities to be performed, it also specifies that other mechanisms and methods of assessment may be used, as long as they are consistent with the protocol objectives and outcomes.

Note that several of the PMs are adopted from HEDIS®, including: *Adult BMI Assessment, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, Controlling High Blood Pressure, Annual Dental Visit, Lead Screening for Children, Well-Child Visits in the First 15 months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Children's and Adolescents' Access to PCPs*. These measures were independently audited by National Committee for Quality Assurance (NCQA)-licensed audit organizations as part of the MCOs' annual HEDIS® Compliance Audits™⁵.

Validation Activities

IPRO conducted validation activities consistent with the CMS protocols.

Data and Information Request

IPRO requested and received from the MCOs the following documentation related to PM calculation:

- § Data and field definitions;
- § Documentation of the steps taken to:
 - Integrate the data into the health outcome measure data set,
 - Query the data to identify denominators, generate samples, and apply the proper algorithms to the data in order to produce valid and reliable PMs, and
 - Conduct statistical testing of results;
- § Procedures used to determine the measure denominators from the HEDIS® denominator base, and how any additional criterion were applied (where applicable);
- § Documentation of the qualifications, training, and inter-rater reliability testing for medical record abstraction staff;
- § All data abstraction tools and associated materials;
- § Data entry and data verification processes;
- § List of members identified to have numerator positive findings (for sample selection for medical record review (MRR) and administrative validation);
- § HEDIS® Interactive Data Submission System (IDSS), Medicaid Product Line, 2016;
- § HEDIS® Compliance Audit™ Final Audit Report, Medicaid Product Line, 2016;
- § Table of measures including measure/numerator name, denominator value, numerator value and rate (Performance Measure Reporting Template as part of the MCO request for documentation). This attachment is not part of this report.

⁵ HEDIS® Compliance Audit™ is a registered trademark of the National Committee for Quality Assurance (NCQA).

IPRO reviewed the documentation and verified that prior recommendations were implemented and that other processes were methodologically sound.

Information Systems Capabilities Assessment

In accordance with standards for non-duplication of activities, CMS protocols specify that in lieu of conducting a full onsite IS assessment, the State/EQRO may review a recent assessment of the MCO's IS conducted by another party. IPRO continues to conduct encounter data validation activities annually as a part of the EQR compliance review and optional activities, including member-level data validation between MCO data and the encounter data warehouse. In addition, a full IS assessment is conducted annually as part of the MCOs' annual HEDIS® Compliance Audits. Therefore, the results of the MCOs' HEDIS® audits, as well as the ongoing encounter data validation activities, were used to provide information for this validation.

The MCOs' HEDIS® 2016 *Final Audit Report for the Medicaid Product Line* was reviewed to determine compliance with HEDIS® IS standards, including:

- § Sound coding methods for medical data: use of industry standard codes; capture of principal and secondary codes; and mapping of non-standard codes where applicable.
- § Data capture, transfer and entry of medical and service data: use of standard claims submission forms; capture of fields relevant for reporting; effective and efficient data receipt and entry; electronic transmission procedures conform to industry standards; assessment of data completeness by the MCO and monitoring of vendors, where applicable.
- § Data capture, transfer, and entry of membership data: procedures for ensuring accurate, complete, and timely entry of membership data; effective, efficient, timely and accurate data entry; accurate transmission of electronic membership data; assessment of data completeness by the MCO; and monitoring of vendor performance, where applicable.
- § Data capture, transfer and entry of practitioner data: documentation of provider specialties; procedures for ensuring accurate, timely, and complete entry of practitioner data; accurate transmission of electronic practitioner data; assessment of data completeness by the MCO; and monitoring of vendor performance, where applicable.
- § Medical record review processes: forms capture fields relevant to HEDIS® reporting; abstraction from medical records is reliably and accurately performed; data entry processes are timely and accurate; sufficient edit checks are incorporated; and assessment of data completeness by the MCO.
- § Supplemental data: non-standard coding schemes are fully documented and mapped; data entry procedures are effective and electronic transmissions of data undergo checking procedures; data entry processes are timely and accurate; assessment of data completeness by the MCO; and monitoring of vendor performance, where applicable.
- § Data integration required to meet the demands of accurate reporting: accurate data transfers to reporting repository; accurate file consolidations, extracts, and derivations; suitable repository structure and formatting to enable required programming efforts; report production is managed effectively; HEDIS® reporting software is managed effectively; and physical control procedures ensure data integrity.

Denominator Validation

Some of the PM denominators are derived utilizing the HEDIS® measure specifications. Others are derived using specifications created by the EQRO, based on criteria that are the same as or similar to HEDIS®. Once the final sample of members is identified for the hybrid measures, the MCOs prepare abstraction forms and instructions for data collection from medical records.

In addition to the EQRO Validation Activities, the identification of the eligible population, sampling, and denominator selection, as well as the medical record review processes for the HEDIS® measures, were independently audited by an NCQA-licensed audit organization as part of the annual HEDIS® audit.

The HEDIS® 2016 *Final Audit Reports* were reviewed to determine if the MCOs were compliant with HEDIS® standards for denominator creation, including:

- § Denominator Identification: Eligible populations were properly identified by product and product line, based on use of certified software, or review of source code for measures outside of certification. Members were correctly

categorized into subgroups and continuous enrollment criteria were properly applied. Medical and service events were accurately considered according to HEDIS®-eligible population specifications.

- § Sampling: Samples were drawn using a systematic sampling method as specified in the HEDIS® technical specifications either through use of certified software or review of MCO-created programs.

For some State-specific PMs, additional criteria (e.g., a PCP visit during the measurement year) are applied to identify the measure denominators. The EQRO reviewed the MCOs' processes to evaluate whether the denominators were defined as prescribed by the specifications.

Data Collection Validation

A medical record review (MRR) validation is conducted to ensure that medical record abstraction performed by the MCOs meets the measure specifications and that the abstracted medical record data is accurate. In the case of HEDIS® hybrid measures, the HEDIS® compliance auditor conducted an assessment of the medical record review process and validation. IPRO's MRR validation process focused on the State-specific PMs and included review of medical record abstraction tools and instructions, as well as validation of medical record abstraction findings for a sample of records that the MCOs identified as having numerator positive events.

Medical Record Tools and Instructions and Processes Review

The medical record tools and instructions are reviewed for inclusion of general documentation, numerator requirements and exclusion criteria based on measure specifications. In addition, the reviewer qualifications and processes for training and quality monitoring as well as the monitoring results were reviewed.

Medical Record Review Validation

According to CMS protocols, as part of the PM validation, IPRO conducts an MRR validation for State-specific measures. The goal of the MRR validation is to determine whether the MCOs made any medical record abstraction errors that may have significantly biased the final reported rates. The maximum amount of bias allowed for the final rate to be considered reportable is +/- five (5) percentage points.

The MRR validation consisted of a review of a random sample of up to 15 numerator positive events for five numerators from three measures. The numerators selected for MRR validation included:

- § *Adult Screening: Tobacco Screening, Positive Tobacco Screening and Intervention for Tobacco Use*
- § *Prenatal and Postpartum Risk Assessment/Education/Counseling: Screening/Counseling for Tobacco Use*
- § *Adolescent Preventive Screening: Screening/Assessment of Depression*

If the MCO does not pass the validation on the initial review, the preliminary findings for each measure, with case specific results, are provided to the MCOs for review and response. The MCO is permitted to submit additional documentation and/or clarification of the existing documentation and this is reviewed by IPRO. The final findings are tabulated and assessed for material bias.

Administrative Record Review

In addition to the medical record review validation, IPRO selected 20 records for administrative validation of the Children's and Adolescents' Access to Primary Care Practitioners (CAP) measure for members ages 25 months to 6 years old. The MCOs were asked to submit evidence for the denominator and numerator components of the measure, e.g., member name, date of birth, enrollment history, and date of service with appropriate visit codes and proof of provider specialty type

Numerator Validation

For the State-specific measures, IPRO conducted numerator validation. This was accomplished by a review of the member-level data and confirmation the MCOs followed the specifications for numerator calculation including:

- § Qualifying medical and service events are evaluated correctly in terms of time and services;
- § Claims/encounter, membership, practitioner and vendor data are analyzed properly in assessing numerator qualifications;
- § Rate calculations (member-level) are arithmetically correct and are made with acceptable levels of precision; and
- § Data and processes used to collect, calculate and report measures are completely and accurately documented.

Summary of Validation Findings

This section summarizes the validation findings. The MCO-specific validation findings can be found in Appendices A, B, C, D, and E.

Information Systems Capabilities Assessment

IPRO reviewed each of the five MCOs' HEDIS® 2016 Final Audit Reports (FAR) to determine compliance with IS standards. The final audit reports revealed that all MCOs met all IS standards.

Denominator Validation

The MCOs' processes for determining the denominators for the applicable State-specific PMs were evaluated to ensure that the additional criterion of a PCP visit during the measurement year was applied, where applicable.

Four of the five MCOs defined the denominator(s) as prescribed by the specifications. Anthem had some follow-up regarding the validation of their denominators, but the issues were corrected and final reported denominators met the specifications.

Data Collection Validation

Medical Record Tools and Instructions and Processes Review

IPRO reviewed the MCOs' medical record reviewer qualifications/experience, tools, instructions and processes for each of the five MCOs – Anthem Blue Cross Blue Shield Medicaid, Aetna Better Health of Kentucky, Humana-CareSource, Passport Health Plan and WellCare of Kentucky.

All five MCOs submitted documentation for Kentucky-specific medical record processes, NCOA HEDIS® audit results and staff qualifications for abstraction. Reviewers were comprised of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Registered Health Information Administrators (RHIA's) and other medical abstraction professionals, and were experienced in medical record review for HEDIS®/performance measures.

Training materials generally consisted of an introduction to HEDIS® performance measurement; measure technical specifications and the medical record abstraction tools and accompanying instructions; instructions on use of database tools/data entry; "tip sheets" and reference materials. Two out of five MCOs, Aetna and Humana, provided training agendas. The training sessions were comprised of an introduction to HEDIS®/performance measurement, review of specifications, walkthrough of abstraction tools and measure-specific instructions, discussion of sample medical records, training on tool use/data entry, practice review of medical records, and testing for proficiency. All MCOs had evidence of HEDIS measure training documentation for review, and all MCOs showed that all abstractors completed HEDIS training and review.

IPRO reviewed the processes for quality monitoring of record abstractions and the monitoring results for all MCOs that submitted the documentation. Each of the MCOs provided training manuals/materials, and policies for internal quality control (IQC)/inter-rater reliability (IRR). In instances where an abstractor scored less than 95% or failed, the abstractor was retrained and re-tested. If the abstractor did not pass the re-testing, they were not assigned to abstract records for the affected measure(s) or removed from the project.

IPRO reviewed each of the MCOs' medical record tools and instructions for inclusion of general documentation, numerator requirements and exclusion criteria based on measure specifications. Specific findings for each of the MCOs' measures appear in the appendices. Since all MCOs passed the medical record validation, the findings did not impact the validity and reliability of the abstracted data.

Medical Record Review Validation

IPRO conducted a medical record review (MRR) validation for Kentucky-specific measures. As previously stated, the purpose of the MRR validation is to determine whether the MCOs made any medical record abstraction errors that could significantly cause bias in the final reported rates.

The MRR validation included a validation review of a random sample of 15 records for members identified as numerator positive events by the MCOs' medical record abstraction.

The numerators selected for MRR validation included:

- § *Adult Screening: Tobacco Screening, Positive Tobacco Screening and Intervention for Tobacco Use*
- § *Prenatal and Postpartum Risk Assessment/Education/Counseling: Screening/Counseling for Tobacco Use*
- § *Adolescent Preventive Screening: Screening/Assessment of Depression*

All five MCOs were requested to submit replacement member charts for one or more of the measures upon initial review of the submitted member charts. It was discovered upon initial review that administrative screenshots were sent to IPRO instead of member charts for selected members across measures and MCOs; upon questioning, plans stated members were hits due to administrative claims. IPRO assessed that the requested flags for administrative and hybrid methodology numerator compliant members were missing and accounted for the incorrect sample selected for medical review. All plans were given replacement members (based on hybrid methodology numerator hits) for applicable measures. All MCOs complied and submitted charts for the selected replacement members.

For one MCO, there was multiple follow-up due to inconsistencies discovered between the data provided and the members reviewed for the measures. However, the MCO managed to correct their issues and verified that measure rates compared well against the member level data. The MCO was also given the opportunity to submit additional documentation or clarify the documentation previously submitted. IPRO reviewed the additional documentation and made a final validation determination for each record. The MCO passed the validation.

The final medical record validation results for each MCO were assessed for material bias if < 100% passed validation. The maximum amount of bias allowed for the final rate to be considered reportable was +/- five percentage points. All five MCOs passed the Medical Record Validation for the project.

Administrative Record Review

IPRO conducted an administrative validation for 20 records for the Children's and Adolescents' Access to Primary Care measure (ages 25 months to 6 years old). The MCOs were asked to submit evidence for the denominator and numerator components of the measure from their claims, enrollment and provider data systems:

- § Member name and ID number
- § Member date of birth consistent with the measure requirements for age
- § Member enrollment during the measurement period
- § Claim for the numerator service with a date within the measurement period
- § Provider Specialty type

All five MCOs passed the administrative record review validation.

Measure Rates and Reporting Designations

Table 3 displays the PM rates for each of the five MCOs and the weighted average rate for all MCOs reporting for MY 2015 for each of the State-specific PMs. If an MCO could not report a measure due to lack of eligible population, "N/A" (not applicable) appears in the table.

The statewide average rates for the hybrid measures are weighted averages, calculated by weighting each of the MCOs' rates based on the size of the eligible population. The rate for an MCO with a larger population (i.e., more eligible members) contributes more to the statewide average. The statewide average rates for the administrative measures are true averages, calculated by adding each MCO's denominator and numerator and dividing to obtain the rate. If one or more MCOs were not able to report the measure (designation "N/A" or "NR"), the data for the MCOs that did report were used. Rates are not generally reported if an MCO has a denominator < 30. If one (1) or more MCOs had a denominator of < 30 for a measure, the data (numerator and denominator) were included in the calculation.

Discussion of each MCO's individual performance is presented in the Appendices.

General observations of performance at the aggregate level (weighted average rates for all MCOs) include:

The performance measure for capturing height and weight on the same outpatient date of service is good for both adults and children; an overall 76.82% of adults in Kentucky have height and weight recorded versus the overall children's rate (ages 3-17) of 77.16%. Despite the decent rates for capturing height and weight, only 25.05% of the Medicaid adult population and 42.53% of the Medicaid children population have a healthy weight for height. Both rates are a slight improvement from last year's aggregate rates (not shown).

- § Counseling for adult nutrition rate (32.63%) and counseling for adult physical activity rate (29.30%) are quite low.
- § Adult Tobacco Screening measures are new for reporting year 2016, and do not have impressive first year rates. Aggregate rates for Adult Tobacco Screening were 64.83%, Positive Tobacco Screening 58.82%, and Interventions for Tobacco Use 56.55%. Rates amongst MCOs were not consistent; Aetna had the highest rates of adult screening at 82.55% versus the lowest performer, Anthem, who had 15.62%. Of all the MCOs, Humana had the highest rates for identification of tobacco users and interventions offered around 71% each, but did not have an impressive rate for tobacco screening rates at 56.69%.
- § Adult Cholesterol Screening measure had a decent aggregate rate of 73.36%.
- § Over 50% of adolescents received screening for Tobacco use (62.17%). However, screening for depression, sexual activity, and alcohol/substance use remain below 50%. The aggregated alcohol/substance screening rate is 44.24%, depression screening rate 34.46% and sexual activity screening rate 29.40%.
- § Screenings, assessments and intervention measures for the perinatal measures have low aggregate rates, with many of the measures below the 50% rate.
 - Screening rates for the Perinatal population, in descending order:
 - Tobacco Screenings – 44.42%
 - Alcohol Screenings – 38.33%
 - Substance Use Screenings – 37.47%
 - Of concern are the numbers of positively identified individuals from screening measures. 40.96% of Tobacco Screened members are positively identified compared to 8.90% of Alcohol Screened members and 15.08% of Substance Use Screened members. It is a public health concern to have mothers who are tobacco users during the prenatal period as it leads to higher risk of adverse outcomes for deliveries; however, efforts are underway in Kentucky and elsewhere to improve education and assistance for mothers combating addiction.
 - Pregnant mothers identified as tobacco users have the highest rate of the three screening measures to receive an intervention (61.99%). Alcohol users and substance users have lower rates of receiving an intervention. The aggregate weighted rate of alcohol users receiving intervention is 32.86% and 40.99% for substance users.
 - Nearly a quarter of the pregnant mothers received any assessment or counseling for nutrition (23.29%) or OTC/prescription medications (27.08%) at one of their first two prenatal visits.
 - Screenings for Depression, Domestic Violence and Postpartum Depression is below the 40% mark. Depression screening is 35.47% followed by Domestic Violence Screenings at 28.07% and Postpartum Depression screenings at 21.57%. Although not shown, prior year's performance rates showed aggregate postpartum depression screenings exceeded Perinatal depression screenings.
- § Access to dental care for Children with Special Health Care Needs (CSHCN), as indicated by the HEDIS® Annual Dental Visits measure, was fair for the total CSHCN population ages 2-21, at 58.49%, and ranged from a low of 51.94% for the SSI population to a high of 68.30% for the foster population.
- § The rate for 6 or more well-visits in the first 15 months of life was 43.73 %. For children 3 to 6 years of age, 69.95% of the CSHCN population has one or more well-care visits. Adolescent well-care visit rate is the lowest at 41.16%.

Across the various measures, foster children are the best with well-care visits, and SSI populations have the lowest rates amongst the well-care measures.

- § As for access to care for CSHCN, all rates exceeded 90%. The rate was highest for those 12–24 months of age (94.82%), followed by 7–11 years of age (93.77%), 12–19 years of age (93.51%) and 25 months–6 years of age (93.02%).
- § The CMS-416 EPSDT dental services measures were reported for the first time in RY 2015, and continued for RY 2016.
 - The aggregated rates for children (under 21 years old) with any dental services (47.77%), diagnostic services (45.04%), or any oral health service (53.34%) were around the 50% mark. Improvements could be made to ensure more children are receiving proper oral healthcare.
 - Preventive services (40.56%) were slightly lower.
 - Approximately a fifth of children received any dental service treatments (21%), with approximately 5% receiving a sealant on a permanent molar. Nearly a tenth of the population sought oral health services from a non-dental provider (11.11%).
- § Overall, Passport had the best rates for many of the measures. For example, Passport's rates for height and weight documentation as well as healthy weight for height for children and adults fared better than other MCOs. Passport's perinatal screenings for tobacco, alcohol and substance use also exceeded rates reported by other MCOs for RY 2016.

Table 3: State Specific Performance Measure Rates - RY 2016

Adult Preventive Care								
Hybrid Measure(s)								
Ages	Measure	Submeasures	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
18 to 74	BMI	<u>Had Outpatient Visit and Record of Height and Weight during measurement year or prior year</u>	79.95%	70.63%	44.53%	81.48%	81.01%	76.82%
18 to 74	BMI	<u>Had Outpatient Visit and Had Healthy Weight for Height During Measurement Year or Prior Year</u>	24.06%	16.88%	22.96%	29.44%	25.73%	25.05%
18 to 74	BMI	<u>Had Outpatient Visit and Counseling for Nutrition</u>	41.51%	22.61%	16.06%	35.65%	31.81%	32.63%
18 to 74	BMI	<u>Had Outpatient Visit and Counseling for Physical Activity</u>	31.37%	20.51%	16.79%	37.04%	29.52%	29.30%
18 to 74	Adult Tobacco Use	<u>Had Outpatient Visit and Screening for Tobacco Use **</u>	82.55%	15.62%	56.69%	75.46%	60.87%	64.83%
18 to 74	Adult Tobacco Use	<u>Had Outpatient Visit and Positive Screening for Tobacco Use **</u>	58.86%	43.28%	71.67%	65.34%	56.39%	58.82%
18 to 74	Adult Tobacco Use	<u>Had Outpatient Visit and Received Intervention for Tobacco Use **</u>	62.14%	48.28% *	71.26%	60.56%	50.67%	56.55%
Administrative Measure(s)								
Ages	Measure	Submeasures	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Men aged >= 35; Females aged >=45	Cholesterol Screening	<u>Had Outpatient Visit and had LDL-C/Cholesterol Screening</u>	71.56%	N/A ¹	67.59%	75.95%	74.66%	73.36%
Child and Adolescent Preventive Care								
Hybrid Measure(s)								
Ages	Measure	Submeasures	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs

3 to 11	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	77.39%	60.79%	56.70%	92.86%	70.51%	76.39%
12 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	83.57%	50.65%	60.00%	88.05%	74.45%	78.93%
3 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	79.43%	57.18%	57.66%	91.17%	71.76%	77.16%
3 to 11	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	37.39%	18.35%	50.27%	65.45%	39.72%	44.15%
12 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	35.90%	33.77%	45.95%	55.32%	34.29%	39.32%
3 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	36.87%	23.84%	49.03%	62.02%	37.93%	42.53%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Tobacco Use</u>	64.29%	51.95%	52.50%	71.70%	57.66%	62.17%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Alcohol/Substance Use</u>	39.29%	40.26%	37.50%	63.52%	40.88%	44.24%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Sexual Activity</u>	29.29%	20.13%	29.17%	49.69%	21.90%	29.40%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Depression</u>	37.86%	17.53%	27.50%	39.62%	30.66%	34.36%
Perinatal Care								
Hybrid Measure(s)								
Ages	Measure	Submeasures	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs

	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Tobacco Use at one of first two prenatal visits</u>	51.63%	8.53%	27.02%	84.81%	52.83%	44.42%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Tobacco Use at one of first two prenatal visits</u>	43.10%	37.93% *	35.63%	32.57%	42.35%	40.96%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Tobacco Use</u>	61.33%	81.82% *	74.19%	61.00%	51.81%	61.99%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Alcohol Use at one of first two prenatal visits</u>	42.43%	8.53%	25.16%	81.77%	46.09%	38.33%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Alcohol Use at one of first two prenatal visits</u>	17.48%	3.45% *	2.47%	8.11%	4.68%	8.90%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Alcohol Use</u>	32.00% *	100.00% *	0.00% *	33.33% *	25.00% *	32.86%

	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Substance/Drug Use at one of first two prenatal visits</u>	43.03%	8.24%	23.29%	82.04%	43.94%	37.47%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Substance/Drug Use at one of first two prenatal visits</u>	24.83%	3.57% *	4.00%	12.12%	13.50%	15.08%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Substance/Drug Use</u>	47.22%	0.00% *	33.33% *	52.78%	50.00% *	40.99%
	Perinatal Screening	Had a Live Birth Between November 6 of the Prior Year and November 5 of the Measurement Year with an <u>Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits</u>	27.60%	5.00%	19.25%	44.75%	25.07%	23.29%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the Measurement Year with <u>Assessment/education/counseling for OTC/prescription Medication During One of First Two Prenatal Visits</u>	30.56%	4.71%	14.91%	27.62%	35.31%	27.08%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Screening for Domestic Violence During One of the First Two Visits</u>	28.49%	4.12%	14.91%	42.27%	21.56%	21.57%

	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Had Screening For Depression During One of First Two Visits</u>	31.75%	3.82%	17.39%	82.32%	32.88%	28.07%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Screening for Postpartum Depression</u>	23.56%	18.07%	19.74%	82.86%	55.81%	35.47%
Children with Special Health Care Needs: Access to Care and Preventive Care Services								
Administrative Measure(s)								
Preventive Care								
Measure	Measure Description	Aid Category	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Modified HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	SSI Total (B, BP, D, DP, K, M)	53.83%	31.85%	45.01%	40.57%	55.71%	51.94%
		SSI Blind (B, BP, K)	66.67% *	N/A ²	50.00% *	25.00% *	57.14%	54.41%
		SSI Disabled (D, DP, M)	53.80%	N/A ²	45.00%	40.62%	55.70%	52.29%
		Foster (P,S, X)	70.26%	58.59%	64.67%	52.22%	73.07%	68.30%
		CCSHCN (provider type 22 and 23)	67.65%	0.00%	65.52% *	58.89%	71.44%	62.32%
		Total ADV (2-21 years)	62.41%	19.80%	51.23%	45.42%	62.72%	58.49%
Modified HEDIS® Well Child 15 Months (6+ Visits)	The percentage of members who turned 15 months old during the measurement year and who had 6+ well-child visits with a PCP during their first 15 months of life.	SSI Total (B, BP, D, DP, K, M)	22.22% *	50.00% *	0.00% *	46.00%	31.17%	30.89%
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	22.22% *	N/A ²	0.00% *	46.00%	31.17%	30.74%
		Foster (P,S, X)	54.17% *	50.00% *	23.68%	59.74%	45.05%	46.65%
		CCSHCN (provider type 22 and 23)	44.44% *	0.00% *	0.00% *	62.50% *	54.67%	52.42%
		Total WC15	41.67%	25.00% *	14.06%	54.81%	44.91%	43.73%
Modified HEDIS® Well Child Ages 3 - 6	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP	SSI Total (B, BP, D, DP, K, M)	65.83%	61.54% *	61.95%	71.85%	61.36%	65.12%
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A	100.00% *	71.43% *	81.82%
		SSI Disabled (D, DP, M)	65.83%	N/A ²	61.95%	71.71%	61.31%	65.07%
		Foster (P,S, X)	71.22%	100.00% *	77.46%	76.99%	73.27%	74.14%
		CCSHCN (provider type 22 and 23)	77.73%	0.00% *	60.00% *	86.79%	72.63%	73.62%

	during the measurement year.	Total WC34	70.84%	32.14% *	67.72%	74.66%	67.83%	69.95%
Modified HEDIS® Adolescent Well Care	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	SSI Total (B, BP, D, DP, K, M)	35.58%	33.33%	35.57%	61.54%	32.47%	34.59%
		SSI Blind (B, BP, K)	0.00% *	N/A ²	0.00% *	0.00% *	28.13%	23.08%
		SSI Disabled (D, DP, M)	35.65%	N/A ²	35.71%	61.69%	32.49%	34.64%
		Foster (P,S, X)	50.68%	71.43% *	57.84%	72.99%	52.09%	52.88%
		CCSHCN (provider type 22 and 23)	51.50%	0.00% *	33.33% *	43.75% *	47.59%	49.08%
		Total AWC	43.60%	25.00%	41.91%	64.42%	38.60%	41.16%

Access to Care

Measure	Measure Description	Aid Category	Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 24 months of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	100.00% *	64.29% *	89.47% *	92.75%	96.47%	93.59%
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	100.00% *	N/A ²	89.47% *	92.75%	96.47%	95.13%
		Foster (P,S, X)	100.00% *	91.67% *	100.00%	99.19%	99.04%	98.97%
		CCSHCN (provider type 22 and 23)	100.00% *	0.00% *	100.00% *	100.00% *	99.16%	90.47%
		Total CAP 12 - 24 months	100.00%	38.46%	96.43%	97.10%	98.38%	94.82%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 25 months - 6 years of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	93.99%	83.87%	90.40%	92.13%	95.39%	93.80%
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A	100.00% *	100.00% *	100.00%
		SSI Disabled (D, DP, M)	93.99%	N/A ²	90.40%	92.10%	95.36%	93.98%
		Foster (P,S, X)	94.76%	89.66% *	94.38%	89.27%	93.85%	92.70%
		CCSHCN (provider type 22 and 23)	99.33%	0.00%	100.00% *	100.00%	98.46%	91.91%
		Total CAP 25 months - 6 years	95.61%	42.86%	92.31%	91.17%	95.56%	93.02%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 7 - 11 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	94.35%	N/A	85.71%	92.82%	96.45%	94.61%
		SSI Blind (B, BP, K)	100.00% *	N/A	N/A	100.00% *	100.00% *	100.00%
		SSI Disabled (D, DP, M)	94.35%	N/A	85.71%	92.80%	96.44%	94.60%
		Foster (P,S, X)	91.65%	N/A	80.00%	93.83%	92.80%	92.22%
		CCSHCN (provider type 22 and 23)	99.38%	N/A	N/A	98.78%	98.55%	99.04%
		Total CAP 7-11 years	93.76%	N/A	84.54%	93.36%	95.45%	94.12%

Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 19 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	94.20%	N/A	85.20%	97.78%	93.84%	93.77%
		SSI Blind (B, BP, K)	100.00% *	N/A	0.00% *	N/A	94.74% *	91.67%
		SSI Disabled (D, DP, M)	94.18%	N/A	85.48%	97.78%	93.84%	93.78%
		Foster (P,S, X)	89.59%	N/A	78.49%	96.88%	91.50%	90.77%
		CCHCN (provider type 22 and 23)	99.64%	N/A	100.00% *	100.00% *	98.42%	99.15%
		Total CAP 12-19 years	93.95%	N/A	83.71%	97.55%	93.52%	93.51%
CMS 416								
			Aetna Better Health of Kentucky	Anthem BCBS Medicaid	Humana-CareSource	Passport Health Plan	WellCare of Kentucky	Weighted Rate of All MCOs
Measure	Measure Description	Aid Category						
CMS 416 EPSDT - Dental Services	This performance measure assesses the percentage of members (ages < 21years) who received the specified dental services.	Any Dental Services	56.10%	17.38% ³	29.92%	44.67%	49.11%	47.77%
		Preventive Dental Services	43.92%	14.37% ³	26.88%	40.25%	43.02%	40.56%
		Dental Treatment Services	25.95%	6.07% ³	12.60%	17.90%	21.83%	21.00%
		Sealant on a Permanent Molar Tooth	5.77%	1.96% ³	4.10%	4.46%	5.43%	5.10%
		Diagnostic Dental Services	52.64%	14.34% ³	28.40%	42.20%	46.61%	45.04%
		Oral Health Services Provided by a Non-Dentist Provider	5.18%	1.64% ³	2.42%	2.55%	23.14%	11.11%
		Any Dental or Oral Health Service	57.27%	17.51% ³	38.78%	46.31%	60.29%	53.34%

N/A – Not Applicable; plan did not have any eligible members for this rate.

¹ N/A was reported for Anthem's Cholesterol Screening measure because the measure requires data from the measurement year and prior 4 years. Given that Anthem's contract began in January 2014, their rate for this measure cannot be comparable to all other MCOs that have larger historical data available to build a comprehensive rate for the measure.

² N/A was reported for the SSI blind and disabled population rates for select 'Children with Special Health Care Needs' measures. It was noted that Anthem could not break out SSI rates for the blind and disabled separately. However the SSI total captures the reportable rates for the SSI population.

³ IPRO identified incorrect values were originally submitted for Anthem's CMS 416 EPSDT dental services. Upon further investigation, Anthem saw that numerators contained members who were double counted, and Anthem re-submitted corrected values for the CMS 416 dental service measure to IPRO on March 2nd, 2017. These values have not yet been reported on Report 93, a Kentucky standard report for MCOs.

* Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

** Adult Tobacco Screening Measures were new for RY 2016.

Recommendations

Annually, DMS and IPRO review the PM set. This task involves choosing measures to retire, refining existing measure specifications and introducing new measures related to topics of interest to DMS. The guiding principles are to develop a PM set that is:

- § Clinically and methodologically valid;
- § Consistent with accepted clinical practice guidelines; and
- § Consistent with the DMS priorities for Medicaid program health outcomes.

Other important considerations include:

- § Assuring that measures are not duplicative (already obtained from current reporting requirements, e.g., HEDIS®, Consumer Assessment of Healthcare Providers and Systems (CAHPS®)⁶);
- § Assuring that measures provide actionable information; and
- § Developing measures that can be calculated using administrative data, if possible.

For RY 2016, the following changes were made to the measure set:

PMs Retired in RY 2016:

- § No measures were formally retired.

PM Specifications Refined in RY 2016:

- § All measures were updated, including dates, codes and per HEDIS® specifications, where applicable.
- § Specifications were clarified, where needed, based upon findings from the prior validation results and MCO feedback.

PMs Continued in RY 2016:

HEDIS® Measures

- § *Well-Child Visits in the First 15 Months of Life (6 or more visits)*
- § *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*
- § *Adolescent Well-Care Visits*
- § *Children's Access to PCPs – Ages 12–24 months, 25 months–6 years, 7–11 years, and 12–19 years*
- § *Annual Dental Visit*
- § *Lead Screening for Children*
- § *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents*
- § *Adult BMI*
- § *Controlling High Blood Pressure*

Kentucky-Specific Measures

- § *Height and Weight Documented and Healthy Weight for Height for Adults*
- § *Counseling for Nutrition and Physical Activity for Adults*
- § *Adult Cholesterol Screening*
- § *Height and Weight Documented and Healthy Weight for Height for Children and Adolescents*
- § *Adolescent Preventive Screening and Counseling* (screening/counseling for tobacco use, alcohol/substance use, sexual activity and screening for depression)
- § *Prenatal and Postpartum Risk Assessment and Education/Counseling* (tobacco use screening/positive screening/intervention, alcohol use screening/positive screening/intervention, substance use screening/positive screening/intervention, nutrition education/counseling, OTC/prescription drug use education/counseling, screening for domestic violence, prenatal and postpartum screening for depression)
- § *CSHCN's Access to Care and Preventive Care Services*

⁶ CAHPS is a registered trademark of the U.S. Agency for Healthcare Research and Quality (AHRQ).

PMs Added in RY 2016:

Kentucky-Specific Measure

- § *Adult Tobacco Screening* as per RY 2015's Performance Measure Validation project findings, DMS developed a new measure to address how many members had been screened for tobacco use, and received counseling if they were found positive for tobacco use.

Future Directions

For RY 2017, each of the measures was reviewed, including MCO experiences and lessons learned from calculating the measures, the results of the PM validation findings, and DMS priorities.

Refinement of Current Measures for RY 2017:

- § All measures were updated, including dates, codes and per HEDIS® specifications, where applicable.
- § Specifications for all measures were clarified based upon findings from the prior validation results and MCO feedback.
- § Reporting Templates were updated with fields that auto-populate so as to reduce any inconsistencies in data reporting amongst the different plans.

Development of New Measures for RY 2017:

- § No new measures were added. All measures were updated, including dates, codes and per HEDIS® specifications, where applicable.

Next Steps:

- § For future PM sets, IPRO plans to continue to evaluate performance measures for the adult population and/or the Adult and Child CHIPRA (Children's Health Insurance Program Reauthorization Act) core measure sets and propose measures for DMS consideration.

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Appendix A – Validation Findings for Aetna Better Health of Kentucky

Medical Record Tools, Instructions and Processes

IPRO reviewed Aetna Better Health of Kentucky's medical record review tools and instructions. Key findings included:

- The MCO's training agenda covered Member PHI Policy, the IRR Testing Process, abstraction guidelines, compliance and alert line and data entry procedures. Training included HEDIS measures and Kentucky specific measures.
- The MCO conducted HEDIS MRR training in early January 2016 and provided sign-in sheets as proof of training for all participating abstractors.
- Quality Spectrum Hybrid Reporter (QSHR) was the software used to enter abstracted data and the MCO provided a training document for the use of the software.
- Training documents showed all 17 medical record abstractors passed IRR testing.
- The MCO has a HEDIS Measure Record Review Quality Review Process policy and procedure in place to ensure the accuracy of abstracted data.
- The MCO conducted ongoing quality review of abstracted data throughout the course of the project with the goal of over-reading and auditing 10% of all abstracted data as well as any reviewing any anomalies identified in the abstraction process (i.e., higher rates of errors, high risk measures, etc). An accuracy rate of at least 95% was to be maintained per abstractor for all the above audits. All quality review results were shared with the abstractors. For those who fell below the minimum acceptable threshold of 95%, an action plan was developed. This action plan may range from retraining the individual to removal from the project. If retraining or education is offered, additional quality review was performed. Existing entries were reviewed for reviewers/measures where issues were identified.
- The MCO provided a copy of its HEDIS 2016 audit which included audit of the Plan's medical record review processes and procedures. No deficiencies were noted.

Medical Record Review Validation

The results were as follows:

§ *Adolescent Preventive Screening: Screening/Assessment of Depression:* PASSED VALIDATION

13 of 15 records passed validation.

- One failed record indicated 'general mood disorders' which did not qualify for screening for adolescent depression.
- In another member's chart, reviewers could not verify if the individual on the chart was the adolescent since date of birth was missing.

Despite the two failed charts, the sample passed validation due to statistical significance testing proving the measure was not biased

§ *Prenatal and Postpartum Risk Assessment/Education/Counseling: Screening/Counseling for Tobacco Use:* PASSED VALIDATION

14 of 15 records passed validation

- One record failed validation since it was only a screenshot of the MCO's own medical record abstraction. Since the sample passed validation based on statistical significance testing, IPRO did not request additional follow-up for this chart.

§ *Adult Screening/Intervention for Tobacco Use:* PASSED VALIDATION

14 of 15 records passed validation

- One medical record contained evidence of tobacco cessation referrals, but missing from the documentation was proof of tobacco screening and screening results; the sample passed validation due to statistical significance testing proving the measure was not biased

Administrative Measure Validation

§ *Children's and Adolescents' Access to PCPs, ages 25 months – 6 years:* PASSED VALIDATION

20 of 20 records passed validation

Performance Trends RY 2015 to RY 2016

Aetna Better Health of Kentucky performance for RYs 2014 through 2016 is presented in Table A, along with the change in rates (increase or decrease) from RY 2014 to RY 2016.

- There are no performance trends for Adult Tobacco Use since this is a new performance metric. First year rates for this measure showed 82.55% of adults received screening for tobacco use, 58.86% had a positive result, and of those positively screened, and 62.14% had received interventions.
- Adult Preventive Care Measures saw improvements in RY 2016, with significant increases seen in documentation of height and weight (79.95%), counseling for nutrition (41.51%), physical activity (31.37%) and LDL screenings (26.86%). Healthy weight for height measure had a very tiny 0.53% increase and resulted in a rate of 24.06%.
- Child and Preventive Care Measures also saw increases across most measures.
 - Documentation of height and weight decreased for the 3 to 11 aged population by -2.3% to 77.39%. Despite the small decrease, an 8.26% increase was seen for healthy weight for height for this age group (37.39%).
 - Adolescents, ages 12 to 17, had a significant 12.6% increase from 2015 rates for documentation of height and weight (went from 70.97% to 83.57%). Despite the increased rate of documentation, healthy weight for height only had an increase of 2.86%, leading to a final rate of 35.9%.
 - Adolescent screening measures, tobacco and depression, had more than a 10% increase. Tobacco screenings went from 47.74% in 2015 to 64.29% in 2016, and similarly, depression screenings increased from 27.1% to 37.86%. Sexual activity screenings saw a small gain of 2.19% for a final 2016 rate of 29.29%. Similarly, alcohol and substance abuse screenings saw a small increase of 3.16% for a final reported 2016 rate of 39.29%.
- Perinatal Care measures for reporting year 2016 showed decreases across various measures.
 - Tobacco Screenings decreased from 59.89% to 51.63% for RY 2016. Positive Tobacco Screenings increased (43.1%), while those positively screened receiving interventions decreased (61.33%).
 - Improvements were seen for positive screenings for alcohol use and intervention for alcohol use even though screenings for alcohol use decreased by 12.58% to a rate of 42.43%. Positive screenings for alcohol use had a 9.15% increase from the prior year resulting in a rate of 17.48% and Interventions for Alcohol users had a 7% increase resulting in a final rate of 32%.
 - Positive Substance Use Screenings for Perinatal members increased by 13.54% for a final RY 2016 rate of 24.83%. Screening rates for substance use (43.03%) and those receiving interventions (47.22%) decreased from last year's rates, which saw a significant increase from the year prior.
 - Last year's RY 2015 rates for assessment of nutrition and OTC/prescription drug use were significant improvements from RY 2014. However, RY 2016 saw decreases with both rates, with assessments for OTC/prescription rate dropping by approximately 15%. RY 2016 Nutrition assessments rate is 27.60% and OTC/Prescription assessment rate is 30.56%.
 - Screenings for depression, postpartum depression and domestic violence also dropped from RY 2015. For RY 2016, Depression Screening rate is 31.75% followed Domestic Violence rate at 28.49% and Postpartum Depression rate at 23.56%.
- Modified Annual Dental Visit measure for ages 12 to 21 saw improvements from RY 2015. The reported rate of 62.41% was close to the CMS 416 reported dental services measure for children less than 21 years of age receiving any dental or oral health services (57.27%)
- Regarding well-child visits for CSHCN, 70.84% of children ages 3-6 had visits with a PCP whereas only 41.67% of children who turned 15 months during the measurement year had a well visit with a PCP. Similarly, of those 12 to 21 years old, 43.60% had a comprehensive well visit with a primary care practitioner. Foster children had the higher rates for well-visits for ages 15 months to 6 years old, and SSI populations had the lower rates of well visits across all age groups.
- For Access to Care measures, children 12 -24 months had 100% rate for visit to a primary care physician during the measurement year. Rates for annual visits to a PCP exceeded 90% for all other age groups, with those 25 months to 6 years old having the highest rate at 95.61%.
- The CMS 416 measure on Dental Services for EPSDT eligible children saw an increase of 6.6% for those continuously enrolled for 90 days and receiving any dental or oral health service. The rate of those receiving any dental services is 56.10%, a preventive service is 43.92% and any oral or dental service is 57.27%. Nearly a

quarter of children have received any dental treatment (25.95%) but approximately 5% had a visit with a non-dental provider and 5.77% received a dental sealant on a permanent molar.

Table A: Aetna Better Health of Kentucky – RY 2014, 2015 and 2016 Performance Measure Rates

Adult Preventive Care						
Hybrid Measure(s)						
Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
18 to 74	BMI	Had Outpatient Visit and Record of <u>Height and Weight during measurement year or prior year</u>	55.79%	68.61%	79.95%	11.34%
18 to 74	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height During Measurement Year or Prior Year</u>	26.56%	23.53%	24.06%	0.53%
18 to 74	BMI	Had Outpatient Visit and <u>Counseling for Nutrition</u>	21.99%	20.68%	41.51%	20.83%
18 to 74	BMI	Had Outpatient Visit and <u>Counseling for Physical Activity</u>	15.51%	20.44%	31.37%	10.93%
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Screening for Tobacco Use</u> **			82.55%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and Positive <u>Screening for Tobacco Use</u> **			58.86%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and Received <u>Intervention for Tobacco Use</u> **			62.14%	N/A
Administrative Measure(s)						
Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Men aged >= 35; Females aged >=45	Cholesterol Screening	Had Outpatient Visit and had LDL-C/Cholesterol Screening	77.56%	44.70%	71.56%	26.86%
Child and Adolescent Preventive Care						
Hybrid Measure(s)						
Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
3 to 11	BMI	Had Outpatient Visit and <u>Record of Height and Weight during measurement year or prior year</u>	62.29%	79.69%	77.39%	-2.30%
12 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight during measurement year or prior year</u>	57.04%	70.97%	83.57%	12.60%
3 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight during measurement year or prior year</u>	60.65%	76.40%	79.43%	3.03%
3 to 11	BMI	Had Outpatient Visit and <u>Had Healthy Weight for Height During Measurement Year or Prior Year</u>	17.84%	29.13%	37.39%	8.26%

12 to 17	BMI	Had Outpatient Visit and <u>Had Healthy Weight for Height During Measurement Year or Prior Year</u>	20.25%	33.04%	35.90%	2.86%
3 to 17	BMI	Had Outpatient Visit and <u>Had Healthy Weight for Height During Measurement Year or Prior Year</u>	18.56%	30.50%	36.87%	6.37%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Tobacco Use</u>	30.37%	47.74%	64.29%	16.55%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Alcohol/Substance Use</u>	17.04%	36.13%	39.29%	3.16%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Sexual Activity</u>	14.07%	27.10%	29.29%	2.19%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Depression</u>	11.85%	27.10%	37.86%	10.76%
Perinatal Care						
Hybrid Measure(s)						
Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with Screening for Tobacco Use at one of first two prenatal visits	26.48%	59.89%	51.63%	-8.26%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Tobacco Use at one of first two prenatal visits</u>	54.26%	34.93%	43.1%	8.17%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Tobacco Use</u>	43.14%	67.12%	61.33%	-5.79%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Alcohol Use at one of first two prenatal visits</u>	22.54%	55.01%	42.43%	-12.58%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Alcohol Use at one of first two prenatal visits</u>	33.75%	8.33%	17.48%	9.15%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Alcohol Use</u>	3.70% *	25.00% *	32.00% *	7.00%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Substance/Drug Use at one of first two prenatal visits</u>	21.97%	53.30%	43.03%	-10.27%

	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Substance/Drug Use at one of first two prenatal visits</u>	34.62%	11.29%	24.83% *	13.54%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Substance/Drug Use</u>	7.41% *	66.67% *	47.22% *	-19.45%
	Perinatal Screening	Had a Live Birth Between November 6 of the Prior Year and November 5 of the Measurement Year with an <u>Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits</u>	10.99%	35.53%	27.60%	-7.93%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the Measurement Year with <u>Assessment/education/counseling for OTC/prescription Medication During One of First Two Prenatal Visits</u>	12.11%	46.42%	30.56%	-15.86%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Screening for Domestic Violence During One of the First Two Visits</u>	9.30%	32.38%	28.49%	-3.89%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Had Screening For Depression During One of First Two Visits</u>	11.27%	40.69%	31.75%	-8.94%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Screening for Postpartum Depression</u>	40.81%	26.23%	23.56%	-2.67%

Children with Special Health Care Needs: Access to Care and Preventive Care Services

Administrative Measure(s)

Preventive Care

Measure	Measure Description	Breakout	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	SSI Total (B, BP, D, DP, K, M)	55.33%	47.84%	53.83%	5.99%
		SSI Blind (B, BP, K)	40.00% *	42.86% *	66.67% *	23.81%
		SSI Disabled (D, DP, M)	55.37%	47.87%	53.80%	5.93%
		Foster (P,S, X)	68.98%	67.94%	70.26%	2.32%
		CCSHCN (provider type 22 and 23)	66.67%	62.50%	67.65%	5.15%
		Total ADV (2-21 years)	63.48%	54.97%	62.41%	7.44%

Modified HEDIS® Well Child 15 Months (6+ Visits)	The percentage of members who turned 15 months old during the measurement year and who had 6+ well-child visits with a PCP during their first 15 months of life.	SSI Total (B, BP, D, DP, K, M)	N/A	40.00% *	22.22% *	-17.78%
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	N/A	40.00% *	22.22% *	-17.78%
		Foster (P,S, X)	N/A	60.00%	54.17% *	-5.83%
		CCSHCN (provider type 22 and 23)	N/A	100.00% *	44.44% *	-55.56%
		Total WC15	N/A	70.59%	41.67%	-28.92%
Modified HEDIS® Well Child Ages 3 - 6	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	SSI Total (B, BP, D, DP, K, M)	55.25%	88.22%	65.83%	-22.39%
		SSI Blind (B, BP, K)	N/A	75.00% *	N/A	N/A
		SSI Disabled (D, DP, M)	55.25%	88.37%	65.83%	-22.54%
		Foster (P,S, X)	67.51%	92.54%	71.22%	-21.32%
		CCSHCN (provider type 22 and 23)	82.61%	100.00% *	77.73%	-22.27%
		Total WC34	65.88%	90.69%	70.84%	-19.85%
Modified HEDIS® Adolescent Well Care	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	SSI Total (B, BP, D, DP, K, M)	28.28%	48.59%	35.58%	-13.01%
		SSI Blind (B, BP, K)	33.33%*	52.63% *	0.00% *	-52.63%
		SSI Disabled (D, DP, M)	28.26%	48.57%	35.65%	-12.92%
		Foster (P,S, X)	48.76%	69.68%	50.68%	-19.00%
		CCSHCN (provider type 22 and 23)	43.75%	100.00%	51.50%	-48.50%
		Total AWC	38.81%	55.30%	43.60%	-11.70%
Access to Care						
Measure	Measure Description	Breakout	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 24 months of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	89.74%	100.00%*	100.00% *	0.00%
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	89.74%	100.00% *	100.00% *	0.00%
		Foster (P,S, X)	98.31%	92.31% *	100.00% *	7.69%
		CCSHCN (provider type 22 and 23)	100.00% *	100.00% *	100.00% *	0.00%

		Total CAP 12 - 24 months	95.76%	95.65% *	100.00%	4.35%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 25 months - 6 years of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	27.94%	91.92%	93.99%	2.07%
		SSI Blind (B, BP, K)	N/A	80.00% *	N/A	N/A
		SSI Disabled (D, DP, M)	27.94%	92.06%	93.99%	1.93%
		Foster (P,S, X)	91.54%	94.87%	94.76%	-0.11%
		CCSHCN (provider type 22 and 23)	100.00%	96.00 *	99.33%	3.33%
		Total CAP 25 months - 6 years	76.78%	93.49%	95.61%	2.12%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 7 - 11 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	51.14%	97.09%	94.35%	-2.74%
		SSI Blind (B, BP, K)	50.00% *	100.00% *	100.00% *	0.00%
		SSI Disabled (D, DP, M)	51.15%	97.07%	94.35%	-2.72%
		Foster (P,S, X)	95.83%	93.53%	91.65%	-1.88%
		CCSHCN (provider type 22 and 23)	100.00% *	100.00% *	99.38%	-0.62%
		Total CAP 7-11 years	84.42%	95.65%	93.76%	-1.89%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 19 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	95.18%	95.04%	94.20%	-0.84%
		SSI Blind (B, BP, K)	96.02%	75.00% *	100.00% *	25.00%
		SSI Disabled (D, DP, M)	94.79%	95.13%	94.18%	-0.95%
		Foster (P,S, X)	94.39%	90.79%	89.59%	-1.20%
		CCSHCN (provider type 22 and 23)	100.00%	100.00%	99.64%	-0.36%
		Total CAP 12-19 years	94.85%	93.78%	93.95%	0.17%
CMS 416						
Measure	Measure Description	Breakout	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
CMS 416 EPSDT - Dental Services	This performance measure assesses the percentage of members (ages < 21 years) who received the specified dental services.	Any Dental Services		49.46%	56.10%	6.64%
		Preventive Dental Services		38.90%	43.92%	5.02%
		Dental Treatment Services		23.08%	25.95%	2.87%

		Sealant on a Permanent Molar Tooth		5.12%	5.77%	0.65%
		Diagnostic Dental Services		46.41%	52.64%	6.23%
		Oral Health Services Provided by a Non-Dentist Provider		4.71%	5.18%	0.47%
		Any Dental or Oral Health Service		50.67%	57.27%	6.60%

* Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

** Adult Tobacco Screening Measures were new for RY 2016.

N/A – Not Applicable; plan did not have any eligible members for this rate

Appendix B – Validation Findings for Anthem Blue Cross and Blue Shield Medicaid

Medical Record Tools, Instructions and Processes

IPRO reviewed Anthem Blue Cross and Blue Shield Medicaid's medical record review tools and instructions. Key findings included:

- A training agenda was not provided, however, submitted documentation including test charts, HEDIS pocket guides and abstraction tools for various HEDIS measures used for training staff. Additionally, there was evidence of a HEDIS PowerPoint presentation used for training purposes.
- IRR results showed that 17 out of 17 (100%) abstractors passed the training for all measures on the first and/or second test.
- Processes are in place to ensure abstractors are properly trained. All abstractors must take at a minimum one test per measure and obtain a score of 100%. If the abstractor does not pass, the health plan lead reviews the results with the abstractor and the abstractor is required to retest on the failed measure(s). If the abstractor does not pass the second test with the required score, one-on-one training is conducted by the health plan HEDIS lead. Education is focused on the failed measure(s). Abstractors are tested up to three times with a goal of achieving an IRR score of 100%.
- Each abstractor must maintain an average score of 95% per measure. If an abstractor fails to meet the 95% average, at the discretion of the MCO lead the reviewer is either retrained on failed measure(s) or released from the project. Additionally, the reviewer may be subject to increased oversight up to 100% at the discretion of the health plan MCO lead. A chart is considered failed if one critical error was identified.
- The Plan provided the qualifications for the 17 abstractors. Four were non-clinical and twelve were clinical (11 RN's and 1 LPN). Seven abstractors had 2 or more years of HEDIS abstraction experience and ten were in their first year of HEDIS abstraction.
- The MCO provided a copy of its HEDIS 2016 audit which included audit of the Plan's medical record review processes and procedures. No deficiencies were noted.

Medical Record Review Validation

The results were as follows:

- § *Adolescent Preventive Screening: Screening/Assessment of Depression: PASSED VALIDATION*
15 of 15 records passed validation.
- § *Prenatal and Postpartum Risk Assessment/Education/Counseling: Screening/Counseling for Tobacco Use: PASSED VALIDATION*
13 of 15 records passed validation
 - The two charts that failed validation were due to the fact they were listed as incorrectly listed as positively screened for tobacco use and received intervention but proof was not found in the medical charts received. However the measure passes validation since statistical significance testing did not show that the measure was biased.
- § *Adult Screening/Intervention for Tobacco Use: PASSED VALIDATION*
15 of 15 records passed validation

Administrative Measure Validation

- § *Children's and Adolescents' Access to PCPs, ages 25 months – 6 years: PASSED VALIDATION*
20 of 20 records passed validation

Performance Trends RY 2015 to RY 2016

Anthem BCBS Medicaid performance for RYs 2015 through 2016 is presented in Table B, along with the change in rate (increase or decrease) from RY 2015 to RY 2016. Most measures in RY 2015 were listed as "N/A." 2014 was the MCO's first year in operation hence Anthem had very limited measures to report for the prior reporting year. By RY 2016, the MCO had considerable measures to report.

- As with other MCOs, Adult Tobacco Screening measures were new to RY 2016 so trends could not be noted. However, 15.62% had an assessment for tobacco use, 43.28% of those screened were found to be tobacco users, and of those positively screened, 48.28% received treatment.
- Trends could not be determined for most measures except for Perinatal and well-child visits under 21.
- Of the adult population for Anthem, 70.63% had a height and weight documented and of those only 16.88% had a healthy weight for height. 22.61% had counseling for nutrition and 20.51% had counseling for physical activity.
- Perinatal Measures were reported for both RY 2015 and RY 2016. There were considerable decreases noted across perinatal measures for screening, education and counseling.
 - Tobacco Screening had a 70.52% decrease from the prior year with a reported value of 8.53% for RY 2016.
 - Alcohol Screening had a 63.85% decrease from the prior year with a reported value of 8.53% for RY 2016.
 - Substance/Drug use screenings had a 67.95% decrease from the prior year with a reported value of 8.24% for RY 2016.
 - Education and counseling for OTC/prescription measures was reported as 77.14% for RY 2015 but decreased to 4.71% for RY 2016. Domestic violence screenings decreased from 58.10% to 4.12%, depression screenings went from 60.95% to 3.82%, and postpartum depression screenings went from 40.00% to 18.07%.
- A look at last year's reported denominators and numerators for prenatal measures indicates that denominators increased greatly for listed perinatal measures but numerators remained quite small, hence why rates may have significantly decreased between the two reporting years.
- Since Anthem's start was in 2014, the MCO does not have four or more years' worth of claims to help tabulate the LDL screening measure, therefore it was reported as N/A.
- 60.79% of children 3 to 11 years of age had documentation of height and weight, and 18.35% of those children had a healthy weight for those. Similarly, 50.65% of children aged 12 to 17 had height and weight documented at outpatient visits, but 33.77% of those children had a healthy weight for height.
- Sexual activity and Depression screenings for Adolescents were nearly half the rate of screenings for tobacco and alcohol/substance use. Tobacco use screenings for adolescents were 51.95%, and alcohol/substance use screenings were 40.26%. Sexual activity screenings were considerably lower at 20.13% and depression screening rate for adolescents were 17.53%.
- Approximately one-fifth of children with special health care needs had an annual dental visit (19.8%).
- Well child visit rates for CHCSN ranged from 25% (ages 15 months, 12 to 21 years old) to 32.14% (ages 3 to 6).
- Access to primary care practitioners' rates for CHCSN was not available for ages 7 to 21. 38.46% of children 12 to 24 months of age have a visit with a PCP whereas 42.86% of children (CHCSN) 25 months to 6 years old have a visit with a PCP.
- CMS 416 dental services measures improved across the various dental service measures. Approximately 17% of children had any dental services or oral health services. This, however, is considerably less than the aggregate state rate of 53.34% (Table 3). Those receiving preventive dental services were only 14.37%, which was below the state aggregate rate (40.56%, Table 3). The rate of children receiving dental services (6.07%) is an improvement of 2.51% from RY 2015. Only 1.96% of children received a sealant on a permanent molar and 1.64% had any oral health services provided by a non-dentist provider.

Table B: Anthem BCBS Medicaid – RY 2015 and 2016 Performance Measure Rates

Adult Preventive Care					
Hybrid Measure(s)					
Ages	Measure	Submeasures	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
18 to 74	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	N/A	70.63%	N/A
18 to 74	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	N/A	16.88%	N/A
18 to 74	BMI	<u>Had Outpatient Visit and Counseling for Nutrition</u>	N/A	22.61%	N/A
18 to 74	BMI	Had Outpatient Visit and <u>Counseling for Physical Activity</u>	N/A	20.51%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Screening for Tobacco Use **</u>		15.62%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Positive Screening for Tobacco Use **</u>		43.28%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Received Intervention for Tobacco Use **</u>		48.28% *	N/A
Administrative Measure(s)					
Ages	Measure	Submeasures	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Men aged >= 35; Females aged >=45	Cholesterol Screening	Had Outpatient Visit and had <u>LDL-C/Cholesterol Screening</u>	N/A	N/A ¹	N/A
Child and Adolescent Preventive Care					
Hybrid Measure(s)					
Ages	Measure	Submeasures	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
3 to 11	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	N/A	60.79%	N/A
12 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	N/A	50.65%	N/A
3 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	N/A	57.18%	N/A
3 to 11	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	N/A	18.35%	N/A
12 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	N/A	33.77%	N/A
3 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	N/A	23.84%	N/A
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Tobacco Use</u>	N/A	51.95%	N/A

12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Alcohol/Substance Use</u>	N/A	40.26%	N/A
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Sexual Activity</u>	N/A	20.13%	N/A
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Depression</u>	N/A	17.53%	N/A
Perinatal Care					
Ages	Measure	Submeasures	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Tobacco Use at one of first two prenatal visits</u>	79.05%	8.53%	-70.52%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Tobacco Use at one of first two prenatal visits</u>	46.99%	37.93% *	-9.06%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Tobacco Use</u>	51.28%	81.82% *	30.54%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Alcohol Use at one of first two prenatal visits</u>	72.38%	8.53%	-63.85%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Alcohol Use at one of first two prenatal visits</u>	6.58%	3.45% *	-3.13%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Alcohol Use</u>	20.00%*	100.00% *	80.00%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Substance/Drug Use at one of first two prenatal visits</u>	76.19%	8.24%	-67.95%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Substance/Drug Use at one of first two prenatal visits</u>	21.25%	3.57% *	-17.68%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Substance/Drug Use</u>	23.53%*	0.00% *	-23.53%
	Perinatal Screening	Had a Live Birth Between November 6 of the Prior Year and November 5 of the Measurement Year with an <u>Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits</u>	35.24%	5.00%	-30.24%

	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the Measurement Year with <u>Assessment/education/counseling for OTC/prescription Medication During One of First Two Prenatal Visits</u>	77.14%	4.71%	-72.43%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Screening for Domestic Violence During One of the First Two Visits</u>	58.10%	4.12%	-53.98%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Had Screening For Depression During One of First Two Visits</u>	60.95%	3.82%	-57.13%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Screening for Postpartum Depression</u>	40.00%	18.07%	-21.93%

Children with Special Health Care Needs: Access to Care and Preventive Care Services

Administrative Measure(s)

Preventive Care

Measure	Measure Description	Aid Category	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	SSI Total (B, BP, D, DP, K, M)	0.00% *	31.85%	31.85%
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A
		SSI Disabled (D, DP, M)	N/A	N/A ²	N/A
		Foster (P,S, X)	N/A	58.59%	N/A
		CCSHCN (provider type 22 and 23)	0.00%	0.00%	N/A
		Total ADV (2-21 years)	0.00%	19.80%	19.80%
Modified HEDIS® Well Child 15 Months (6+ Visits)	The percentage of members who turned 15 months old during the measurement year and who had 6+ well-child visits with a PCP during their first 15 months of life.	SSI Total (B, BP, D, DP, K, M)	N/A	50% *	N/A
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A
		SSI Disabled (D, DP, M)	N/A	N/A ²	N/A
		Foster (P,S, X)	N/A	50.00% *	N/A
		CCSHCN (provider type 22 and 23)	N/A	0.00% *	N/A
		Total WC15	N/A	25.00% *	N/A
Modified HEDIS® Well Child Ages 3 - 6	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	SSI Total (B, BP, D, DP, K, M)	N/A	61.54% *	N/A
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A
		SSI Disabled (D, DP, M)	N/A	N/A ²	N/A
		Foster (P,S, X)	N/A	100.00% *	N/A
		CCSHCN (provider type 22 and 23)	N/A	0.00% *	N/A
		Total WC34	N/A	32.14% *	N/A
Modified HEDIS® Adolescent Well Care	The percentage of enrolled members 12–21 years of age who had at least	SSI Total (B, BP, D, DP, K, M)	0.00% *	33.33%	33.33%
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A

	one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	SSI Disabled (D, DP, M)	N/A	N/A ²	N/A
		Foster (P,S, X)	N/A	71.43% *	N/A
		CCSHCN (provider type 22 and 23)	2.63%	0.00% *	-2.63%
		Total AWC	2.50%	25.00%	22.50%
Access to Care					
Measure	Measure Description	Breakout	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 24 months of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	N/A	64.29% *	N/A
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A
		SSI Disabled (D, DP, M)	N/A	N/A ²	N/A
		Foster (P,S, X)	N/A	91.67% *	N/A
		CCSHCN (provider type 22 and 23)	N/A	0.00% *	N/A
		Total CAP 12 - 24 months	N/A	38.46%	N/A
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 25 months - 6 years of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	N/A	83.87%	N/A
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A
		SSI Disabled (D, DP, M)	N/A	N/A ²	N/A
		Foster (P,S, X)	N/A	89.66% *	N/A
		CCSHCN (provider type 22 and 23)	N/A	0.00%	N/A
		Total CAP 25 months - 6 years	N/A	42.86%	N/A
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 7 - 11 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	N/A	0.00% *	N/A
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A
		SSI Disabled (D, DP, M)	N/A	N/A ²	N/A
		Foster (P,S, X)	N/A	0.00% *	N/A
		CCSHCN (provider type 22 and 23)	N/A	0.00% *	N/A
		Total CAP 7-11 years	N/A	0.00% *	N/A
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 19 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	N/A	0.00% *	N/A
		SSI Blind (B, BP, K)	N/A	N/A ²	N/A
		SSI Disabled (D, DP, M)	N/A	N/A ²	N/A
		Foster (P,S, X)	N/A	0.00% *	N/A
		CCSHCN (provider type 22 and 23)	N/A	0.00% *	N/A
		Total CAP 12-19 years	N/A	0.00% *	N/A
CMS 416					
Measure	Measure Description	Breakout	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
CMS 416 EPSDT - Dental Services	This performance measure assesses the percentage of members (ages < 21	Any Dental Services	39.74%	17.38%	-22.36%
		Preventive Dental Services	5.53%	14.37%	8.84%

	years) who received the specified dental services.	Dental Treatment Services	3.56%	6.07%	2.51%
		Sealant on a Permanent Molar Tooth	1.80%	1.96%	0.16%
		Diagnostic Dental Services	7.07%	14.34%	7.27%
		Oral Health Services Provided by a Non-Dentist Provider	0.24%	1.64%	1.40%
		Any Dental or Oral Health Service	39.74%	17.51%	-22.23%

¹ N/A was reported for Anthem's Cholesterol Screening measure because the measure requires data from the measurement year and prior 4 years. Given that Anthem's contract began in January 2014, their rate for this measure cannot be comparable to all other MCOs that have larger historical data available to build a comprehensive rate for the measure.

² N/A was reported for the SSI blind and disabled population rates for select 'Children with Special Health Care Needs' measures. It was noted that Anthem could not break out SSI rates for the blind and disabled separately.

* Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

** Adult Tobacco Screening Measures were new for RY 2016.

N/A – Not Applicable; plan did not have any eligible members for this rate.

Appendix C – Validation Findings for Humana-CareSource

Medical Record Tools, Instructions and Processes

IPRO reviewed Humana-CareSource's medical record review tools and instructions. Key findings included:

- Altegra Health was contracted to perform medical record procurement and the overall MRR review.
- Training was provided for various HEDIS measures, and abstraction tools were provided for all HEDIS measures.
- Field reviewers performing chart retrieval (scanning or copying the medical record) are trained via a self-paced, multi-media eLearning program. Altegra Health Abstractors are measure-specialists and participate in extensive training each HEDIS season. Altegra Health requires each abstractor to attain a proficiency score of 95% or above after training for each designated measure. Mastery is measured in each step of the training, which culminates in a final exam that consisted of real chart abstractions.
- The MCO provided a report of IRR scores only by Reviewer ID. The report did not provide any breakdowns of scores by measure, pass/fail rates for each abstractor by measure and overall IRR results. Altegra Health worked with the MCO to formulate specific IRR processes and to determine the minimum sample to be tested.
- A minimum of 5% of charts data entered by each abstractor is over-read for accuracy. A 95% IRR score must be maintained throughout the course of the HEDIS project for an abstractor. If a quality score drops below 95%, the abstractor is removed from production, receives a written warning, and is counseled or returned to the eLearning for re-training.
- The MCO provided a copy of the 2016 NCQA HEDIS compliance audit results which noted full compliance and no issues were identified.

Medical Record Review Validation

The results were as follows:

- § *Adolescent Preventive Screening: Screening/Assessment of Depression: PASSED VALIDATION*
14 of 15 records passed validation
 - The one member chart that failed review pertained to a member whose medical record was from an ER visit and not a PCP. Documentation provided could not verify depression screening.
- § *Prenatal and Postpartum Risk Assessment/Education/Counseling: Screening/Counseling for Tobacco Use: PASSED VALIDATION*
15 records passed validation
- § *Adult Screening/Intervention for Tobacco Use: PASSED VALIDATION*
13 of 15 records passed validation
 - One member's chart was from ER visit and not an outpatient visit. It was also difficult to ascertain if there was evidence of counseling given to the member for quitting smoking.
 - The second record that failed was due to missing documentation for the member's treatment or referral to smoking cessation interventions.

Administrative Measure Validation

- § *Children's and Adolescents' Access to PCPs, ages 25 months – 6 years: PASSED VALIDATION*
20 of 20 records passed validation

Performance Trends RY 2015 to RY 2016

Humana-CareSource performance for RYs 2014 through 2016 is presented in Table C, along with the change in rate (increase or decrease) from RY 2015 to RY 2016. The MCO saw decreases in all Kentucky performance measures, some more significantly than others.

- There are no performance trends for Adult Tobacco Use given this is a new performance metric. However 56.69% of adults were screened for tobacco use. Of those screened 71.67% had a positive result, and of those tobacco users, 71.26% had received treatment.

- For Adult Preventive Care measures, documentation of height and weight and counseling for nutrition decreased in comparison to RY 2015 rates.
 - Documentation of height and weight decreased from 66.42% to 44.53%, whereas healthy weight for height decreased from 25.17% to 22.96%.
 - Documentation for counseling for nutrition and physical activity decreased for RY 2016. Counseling for Nutrition rates dropped (-10.95%) to 16.06% and counseling for physical activity decreased (-8.76%) to a rate of 16.79% for RY 2016.
 - LDL Screenings saw a small increase of 7.99% to a rate of 67.59% in RY 2016.
- Children ages 3 to 17 saw improvements in healthy weight for height measurement rate showing a 4.59% increase, which lead to a reported rate of 49.03%. Looking at RY 2014, 2015 and 2016, it seems gradual improvements are seen in this measure yearly. However, capturing height and weight for children ages 3 to 17 dropped from RY 2015 to a rate of 57.66%, a negative trend compared to last year's improved scores.
- A drop in rate was seen in Depression, Alcohol and Sexual Activity screenings for Adolescents. Adolescent Sexual Activity Screening decreased from 50.7% to 29.70%, Depression Screening went from 47.18% to 27.50% and Alcohol Screening rates dropped 14.61% to a reported rate of 37.50% in RY 2016. Tobacco Use screening Rates (59.86%) remained higher than the other screenings.
- Alcohol (25.16%), Substance (23.29%) and Tobacco Screening Rates (27.02%) for Perinatal population were close in value for RY 2016. These screening rates had nearly a 15% drop from last year's rates. Rates for identifying alcohol users were quite small (<5%), but positive tobacco use rates were 35.63%. Of those identified as tobacco users, 74.19% received an intervention. Only 4% of those screened for substance abuse were positive, and of those, a third received intervention.
- Perinatal screening measures for RY 2015 showed a significant improvement from RY 2014. However, considerable decreases in rates were seen for RY 2016 such as assessment and counseling for OTC/prescription medication (19.25%) and postpartum depression screenings (19.74%). A possible explanation may be that denominators for RY 2016 increased from RY 2015 but numerators did not improve.
- For CHSHCN population, 96.43% of children 12 to 24 months had access to a PCP, 92.31% of children 25 months to 6 years old had access to a PCP and for children in age groups 7 to 11 and 12 to 19, nearly 84% of children in those groups had access to a PCP for RY 2016.
- Approximately half of CHSHCN population under 21 had an annual dental visit (51.23%). A gradual improvement in rates can be seen from prior years' reported rates.
- 41.91% of CHSHCN children ages 12 to 21 years, and 67.72% of children 3 to 6 years old had an annual well visit. The rate of children 12 to 24 months old well visits with 6+ visits was quite low (14.06%); since prior year rates were not provided for this age group, a trend could not be noted.
- CMS 416 dental services measure for any dental or oral health service rates had not changed significantly from prior year reported rates (RY 2016 38.78% compared to RY 2015 39.26%). Similarly, any dental services for RY 2016 had a rate of 29.92% and preventive services rates were 26.88%, similar to RY 2015 reported rates. As seen in most other MCOs' data, approximately 5% of members less than 21 years of age had a sealant on a permanent molar (4.10%).

Table C: Humana-CareSource – RY 2014, 2015 and 2016 Performance Measure Rates

Adult Preventive Care						
Hybrid Measure(s)						
Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
18 to 74	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	N/A	66.42%	44.53%	-21.89%
18 to 74	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	N/A	25.17%	22.96%	-2.21%
18 to 74	BMI	Had Outpatient Visit and <u>Counseling for Nutrition</u>	N/A	27.01%	16.06%	-10.95%
18 to 74	BMI	Had Outpatient Visit and <u>Counseling for Physical Activity</u>	N/A	25.55%	16.79%	-8.76%
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Screening for Tobacco Use</u> **			56.69%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Positive Screening for Tobacco Use</u> **			71.67%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Received Intervention for Tobacco Use</u> **			71.26%	N/A
Administrative Measure(s)						
Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Men aged >= 35; Females aged >=45	Cholesterol Screening	Had Outpatient Visit and had <u>LDL-C/Cholesterol Screening</u>	76.90%	59.60%	67.59%	7.99%
Child and Adolescent Preventive Care						
Hybrid Measure(s)						
Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
3 to 11	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	70.23%	73.23%	56.70%	-16.53%
12 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	68.75%	70.42%	60.00%	-10.42%
3 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	69.83%	72.26%	57.66%	-14.60%

3 to 11	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	29.28%	47.32%	50.27%	2.95%
12 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	32.56%	38.61%	45.95%	7.34%
3 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	30.19%	44.44%	49.03%	4.59%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Tobacco Use</u>	58.04%	59.86%	52.50%	-7.36%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Alcohol/Substance Use</u>	47.32%	52.11%	37.50%	-14.61%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Sexual Activity</u>	41.07%	50.70%	29.17%	-21.53%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Depression</u>	31.25%	47.18%	27.50%	-19.68%
Perinatal Care						
Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Tobacco Use at one of first two prenatal visits</u>	8.50%	44.91%	27.02%	-17.89%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Tobacco Use at one of first two prenatal visits</u>	42.31% *	33.59%	35.63%	2.04%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Tobacco Use</u>	36.36% *	51.16%	74.19%	23.03%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Alcohol Use at one of first two prenatal visits</u>	4.58%	40.00%	25.16%	-14.84%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Alcohol Use at one of first two prenatal visits</u>	0.00% *	5.26%	2.47%	-2.79%

	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Alcohol Use</u>	N/A	0.00% *	0.00% *	0.00%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Substance/Drug Use at one of first two prenatal visits</u>	4.90%	38.60%	23.29%	-15.31%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Substance/Drug Use at one of first two prenatal visits</u>	0.00% *	11.82%	4.00%	-7.82%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Substance/Drug Use</u>	N/A	69.23% *	33.33% *	-36.00%
	Perinatal Screening	Had a Live Birth Between November 6 of the Prior Year and November 5 of the Measurement Year with an <u>Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits</u>	4.90%	29.12%	19.25%	-9.87%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the Measurement Year with <u>Assessment/education/counseling for OTC/prescription Medication During One of First Two Prenatal Visits</u>	3.27%	33.68%	14.91%	-18.77%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Screening for Domestic Violence During One of the First Two Visits</u>	4.25%	17.89%	14.91%	-2.98%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Had Screening For Depression During One of First Two Visits</u>	2.61%	23.86%	17.39%	-6.47%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Screening for Postpartum Depression</u>	14.10%	49.53%	19.74%	-29.79%
Children with Special Health Care Needs: Access to Care and Preventive Care Services						
Administrative Measure(s)						
Preventive Care						

Ages	Measure	Submeasures	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	SSI Total (B, BP, D, DP, K, M)	40.03%	41.40%	45.01%	3.61%
		SSI Blind (B, BP, K)	N/A	N/A	50.00% *	N/A
		SSI Disabled (D, DP, M)	40.20%	41.40%	45.00%	3.60%
		Foster (P,S, X)	44.33%	51.72%	64.67%	12.95%
		CCSHCN (provider type 22 and 23)	43.11%	N/A	65.52% *	N/A
		Total ADV (2-21 years)	41.29%	43.68%	51.23%	7.55%
Modified HEDIS® Well Child 15 Months (6+ Visits)	The percentage of members who turned 15 months old during the measurement year and who had 6+ well-child visits with a PCP during their first 15 months of life.	SSI Total (B, BP, D, DP, K, M)	N/A	N/A	0.00% *	N/A
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	N/A	N/A	0.00% *	N/A
		Foster (P,S, X)	N/A	N/A	23.68%	N/A
		CCSHCN (provider type 22 and 23)	N/A	N/A	0.00% *	N/A
		Total WC15	N/A	N/A	14.06%	N/A
Modified HEDIS® Well Child Ages 3 - 6	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	SSI Total (B, BP, D, DP, K, M)	53.85%	58.97%	61.95%	2.98%
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	53.33%	58.97%	61.95%	2.98%
		Foster (P,S, X)	67.74%	81.82%	77.46%	-4.36%
		CCSHCN (provider type 22 and 23)	66.67%	N/A	60.00% *	N/A
		Total WC34	59.76%	65.77%	67.72%	1.95%
Modified HEDIS® Adolescent Well Care	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	SSI Total (B, BP, D, DP, K, M)	32.55%	37.28%	35.57%	-1.71%
		SSI Blind (B, BP, K)	N/A	N/A	0.00% *	N/A
		SSI Disabled (D, DP, M)	32.72%	37.28%	35.71%	-1.57%
		Foster (P,S, X)	32.41%	42.20%	57.84%	15.64%
		CCSHCN (provider type 22 and 23)	40.68%	N/A	33.33% *	N/A
		Total AWC	33.39%	38.34%	41.91%	3.57%
Access to Care						
Measure	Measure Description	Breakout	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 24 months of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	N/A	N/A	89.47% *	N/A
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	N/A	N/A	89.47% *	N/A
		Foster (P,S, X)	N/A	N/A	100.00%	N/A
		CCSHCN (provider type 22 and 23)	N/A	N/A	100.00% *	N/A

		Total CAP 12 - 24 months	N/A	N/A	96.43%	N/A
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 25 months - 6 years of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	79.59%	83.87%	90.40%	6.53%
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	79.38%	83.87%	90.40%	6.53%
		Foster (P,S, X)	77.50%	91.30%	94.38%	3.08%
		CCHCN (provider type 22 and 23)	91.80%	N/A	100.00% *	N/A
		Total CAP 25 months - 6 years	82.91%	86.33%	92.31%	5.98%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 7 - 11 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	N/A	85.26%	85.71%	0.45%
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	N/A	85.26%	85.71%	0.45%
		Foster (P,S, X)	N/A	80.00%	80.00%	0.00%
		CCHCN (provider type 22 and 23)	N/A	N/A	N/A	N/A
		Total CAP 7-11 years	N/A	84.35%	84.54%	0.19%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 19 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	N/A	80.31%	85.20%	4.89%
		SSI Blind (B, BP, K)	N/A	N/A	0.00% *	N/A
		SSI Disabled (D, DP, M)	N/A	80.31%	85.48%	5.17%
		Foster (P,S, X)	N/A	70.79%	78.49%	7.70%
		CCHCN (provider type 22 and 23)	N/A	N/A	100.00% *	N/A
		Total CAP 12-19 years	N/A	78.26%	83.71%	5.45%
CMS 416						
						Change from RY 2015 to 2016
Measure	Measure Description	Breakout	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	
CMS 416 EPSDT - Dental Services	This performance measure assesses the percentage of members (ages < 21 years) who received the specified dental services.	Any Dental Services		32.03%	29.92%	-2.11%
		Preventive Dental Services		29.32%	26.88%	-2.44%
		Dental Treatment Services		12.14%	12.60%	0.46%
		Sealant on a Permanent Molar Tooth		3.73%	4.10%	0.37%
		Diagnostic Dental Services		30.47%	28.40%	-2.07%
		Oral Health Services Provided by a Non-Dentist Provider		1.29%	2.42%	1.13%
		Any Dental or Oral Health Service		39.26%	38.78%	-0.48%

N/A – Not Applicable; plan did not have any eligible members for this rate.

* Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

** Adult Tobacco Screening Measures were new for RY 2016.

Appendix D – Validation Findings for Passport Health Plan

Medical Record Tools, Instructions and Processes

IPRO reviewed Passport Health Plan's medical record review tools and instructions. Key findings included:

- A training agenda was not provided, however copies of abstraction tools, and training materials used indicate these are based on the most current HEDIS Technical Specifications for the health plans. The HEDIS team scheduled a week for training and testing no later than the end of February 2016. If reviewers scored less than 95%, reviewers received additional education and an opportunity for re-testing.
- Testing results provided for the 32 abstractors showed pass or fail rates for each.
- Abstraction tools are filled by clinical nurse abstractors and tools are printed from the HEDIS software vendor, Inovalon. Each abstract form is reviewed twice by plan clinical QI staff prior to data entry into Inovalon™/HEDIS Advantage™.
- In the event there was a concern that a reviewer was not abstracting data correctly another reviewer may have been assigned to the original reviewer's site and the medical records were reviewed again and/or the provider site was requested to fax or mail a copy of the medical record for review by the Quality Director. Reviewers returned data abstraction tools at least twice weekly to a designated area within the PHP office.
- Registered Nurses, Registered Health Information Administrator (RHIA), or other appropriately trained clinical staff (such as respiratory therapist, licensed clinical social worker or dietician) were utilized to conduct medical record review. 18 abstractors had two or more years of HEDIS experience, 2 had one year of HEDIS experience and 8 were new to HEDIS.
- The MCO provided a copy Passport's 2016 NCOA HEDIS Compliance Audit which noted full compliance and no issues identified.

Medical Record Review Validation

The results were as follows:

- § *Adolescent Preventive Screening: Screening/Assessment of Depression: PASSED VALIDATION*
14 of 15 records passed validation
 - One record did not have enough evidence of depression screening in the doctor's notes.
- § *Prenatal and Postpartum Risk Assessment/Education/Counseling: Screening/Counseling for Tobacco Use: PASSED VALIDATION*
15 of 15 records passed validation
- § *Adult Screening/Intervention for Tobacco Use: PASSED VALIDATION*
12 of 15 records passed validation
 - 3 of the records that failed validation did not have adequate proof to show counseling were administered to members who were positively identified as smokers. Given the statistical significance testing results showed the measure was not biased based, so the measure passed validation.

Administrative Measure Validation

- § *Children's and Adolescents' Access to PCPs, ages 25 months – 6 years: PASSED VALIDATION*
20 of 20 records passed validation

Performance Trends RY 2014 to RY 2016

Table D lists the increases and decreases from RY 2015 to RY 2016 across performance measures for Passport Health plan.

- Of the adult population, 81.48% had a height and weight documented at an outpatient visit, with nearly 30% of that population having a healthy weight for height.
- Adult preventive care measure rates for counseling for nutrition (35.65%) and counseling for physical activity (37.04%) saw a 4.63% decrease from RY 2015.

- Adult Tobacco measures were new for RY 2016. Three fourths of the adult population received tobacco screening, with 65.34% of those screened identified as tobacco users and 60.56% of users receiving tobacco interventions.
- RY 2016 LDL screening rate had a 16.33% increase from prior year's reported rate of 59.62%.
- The MCO had high rates for children 3 to 17 years old with documentation of height and weight (91.17%), and decent rates for healthy weight for height (62.02%). Rates for the two measures were similar for the two age groups, 3 to 11 and 12 to 17 years old. Passport had the highest rates for documentation of height and weight for children 3 to 17 amongst the MCOs.
- Adolescent screenings for preventive visits decreased for RY 2016. 63.52% of 12 to 17 year olds had alcohol screenings compared to 72.84% prior year and depression screenings decreased by 4.82% to a reported rate of 39.62%. Similarly, sexual activity screenings had 49.69% compared to RY 2015's 61.73%, and Tobacco use screenings increased from 85.19% in RY 2015 to 71.70% in RY 2016.
- Perinatal measures saw moderate increases across various screening measures such as alcohol use, tobacco use, substance use and various other measures.
 - Identification of Alcohol use rate was lower than the identification of tobacco users rate (8.11% versus 32.57%). Passport had the highest rates of tobacco screening (84.81%), alcohol screening (81.77%) and substance use screenings (82.04%) of all the MCOs.
 - Although identification of positive screened members has not improved significantly for the three screening measures, small improvements were seen in intervention rates.
 - Considerable improvements were seen for domestic violence, depression and postpartum depression screening measures, and an upward trend in rates show improvements in the MCOs perinatal members being screened. Perinatal members screened for domestic violence was 42.27%, depression 82.32% and postpartum depression 82.86%.
 - Education and counseling for OTC/prescription use for Perinatal members decreased considerably from RY 2015 (-60.85%) to a rate of 27.62%.
- Annual dental visits for children 2 to 21 years of age decreased from RY 2015. The RY 2016 rate of 45.42% was a considerable drop from RY 2015's 62.72%.
- CMS 416 dental services measure showed small percentage decreases that were not significant to produce rates considerably different from RY 2015. Percentages for members less than 21 years old receiving any dental or oral service, preventive service, or diagnostic dental service ranged from 40.25% (Preventive dental service) to 46.31% (any dental or oral health service) .
- Children's access to PCP measures exceeded 90% for all age groups. Children aged 12 to 24 months and 12 to 19 years old had approximately 97% of its respective age group visiting a PCP during the measurement period versus 91.17% of children 25 months to 6 years old and 93.36% of 7 to 11 year olds.

Table D: Passport Health Plan – RY 2014, 2015 and 2016 Performance Measure Rates

Adult Preventive Care						
Hybrid Measure(s)						
Ages	Measure	Submeasure	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
18 to 74	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	89.85%	90.05%	81.48%	-8.57%
18 to 74	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	23.59%	22.62%	29.44%	6.82%
18 to 74	BMI	<u>Had Outpatient Visit and Counseling for Nutrition</u>	43.05%	40.28%	35.65%	-4.63%
18 to 74	BMI	<u>Had Outpatient Visit and Counseling for Physical Activity</u>	40.40%	41.67%	37.04%	-4.63%
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Screening for Tobacco Use **</u>			75.46%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Positive Screening for Tobacco Use **</u>			65.34%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Received Intervention for Tobacco Use **</u>			60.56%	N/A
Administrative Measure(s)						
Ages	Measure	Submeasure	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Men aged >= 35; Females aged >=45	Cholesterol Screening	Had Outpatient Visit and had <u>LDL-C/Cholesterol Screening</u>	87.79%	59.62%	75.95%	16.33%
Child and Adolescent Preventive Care						
Hybrid Measure(s)						
Ages	Measure	Submeasure	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
3 to 11	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	92.03%	93.47%	92.86%	-0.61%
12 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	92.11%	96.91%	88.05%	-8.86%
3 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	92.05%	94.70%	91.17%	-3.53%

3 to 11	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	59.21%	58.46%	65.45%	6.99%
12 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	48.57%	53.50%	55.32%	1.82%
3 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	55.64%	56.64%	62.02%	5.38%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Tobacco Use</u>	74.85%	85.19%	71.70%	-13.49%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Alcohol/Substance Use</u>	59.51%	72.84%	63.52%	-9.32%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Sexual Activity</u>	53.99%	61.73%	49.69%	-12.04%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Depression</u>	28.83%	44.44%	39.62%	-4.82%
Perinatal Care						
Ages	Measure	Submeasure	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with Screening for Tobacco Use at one of first two prenatal visits	64.10%	75.39%	84.81%	9.42%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Tobacco Use at one of first two prenatal visits</u>	28.57%	33.53%	32.57%	-0.96%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Tobacco Use</u>	60.53%	54.39%	61.00%	6.61%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Alcohol Use at one of first two prenatal visits</u>	64.10%	72.51%	81.77%	9.26%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Alcohol Use at one of first two prenatal visits</u>	4.14%	8.56%	8.11%	-0.45%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Alcohol Use</u>	36.36%*	25.00%*	33.33% *	8.33%

	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Substance/Drug Use at one of first two prenatal visits</u>	64.10%	70.95%	82.04%	11.09%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Substance/Drug Use at one of first two prenatal visits</u>	5.64%	9.06%	12.12%	3.06%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Substance/Drug Use</u>	40.00%*	51.72%*	52.78%	1.06 %
	Perinatal Screening	Had a Live Birth Between November 6 of the Prior Year and November 5 of the Measurement Year with an <u>Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits</u>	30.12%	39.69%	44.75%	5.06%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the Measurement Year with <u>Assessment/education/counseling for OTC/prescription Medication During One of First Two Prenatal Visits</u>	63.86%	88.47%	27.62%	-60.85%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Screening for Domestic Violence During One of the First Two Visits</u>	20.72%	25.28%	42.27%	16.99%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Had Screening For Depression During One of First Two Visits</u>	39.04%	39.47%	82.32%	42.85%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Screening for Postpartum Depression</u>	39.02%	60.52%	82.86%	22.34%

Children with Special Health Care Needs: Access to Care and Preventive Care Services

Administrative Measure(s)

Preventive Care

Measure	Measure Description	Aid Category	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	SSI Total (B, BP, D, DP, K, M)	57.02%	57.27%	40.57%	-16.70%
		SSI Blind (B, BP, K)	60.00% *	68.42% *	25.00% *	-43.42%
		SSI Disabled (D, DP, M)	57.01%	57.23%	40.62%	-16.61%
		Foster (P,S, X)	76.71%	73.24%	52.22%	-21.02%
		CCSHCN (provider type 22 and 23)	64.86%	66.37%	58.89%	-7.48%

		Total ADV (2-21 years)	63.00%	62.72%	45.42%	-17.30%
Modified HEDIS® Well Child 15 Months (6+ Visits)	The percentage of members who turned 15 months old during the measurement year and who had 6+ well-child visits with a PCP during their first 15 months of life.	SSI Total (B, BP, D, DP, K, M)	37.37%	38.64%	46.00%	7.36%
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	37.37%	38.64%	46.00%	7.36%
		Foster (P,S, X)	68.75%	59.76%	59.74%	-0.02%
		CCSHCN (provider type 22 and 23)	N/A	80.00% *	62.50% *	-17.50%
		Total WC15	49.69%	51.35%	54.81%	3.46%
Modified HEDIS® Well Child Ages 3 - 6	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	SSI Total (B, BP, D, DP, K, M)	73.18%	76.87%	71.85%	-5.02%
		SSI Blind (B, BP, K)	80.00% *	100.00% *	100.00% *	0.00%
		SSI Disabled (D, DP, M)	73.13%	76.69%	71.71%	-4.98%
		Foster (P,S, X)	78.27%	73.69%	76.99%	3.30%
		CCSHCN (provider type 22 and 23)	N/A	72.65%	86.79%	14.14%
		Total WC34	75.19%	75.28%	74.66%	-0.62%
Modified HEDIS® Adolescent Well Care	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	SSI Total (B, BP, D, DP, K, M)	52.16%	51.24%	61.54%	10.30%
		SSI Blind (B, BP, K)	45.45% *	40.00% *	0.00% *	-40.00%
		SSI Disabled (D, DP, M)	52.19%	51.28%	61.69%	10.41%
		Foster (P,S, X)	62.56%	59.98%	72.99%	13.01%
		CCSHCN (provider type 22 and 23)	56.67%	56.72%	43.75% *	-12.97%
		Total AWC	54.96%	53.88%	64.42%	10.54%
Access to Care						
			RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Measure	Measure Description	Breakout				
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 24 months of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	97.25%	98.18%	92.75%	-5.43%
		SSI Blind (B, BP, K)	N/A	N/A	N/A	N/A
		SSI Disabled (D, DP, M)	97.25%	98.18%	92.75%	-5.43%
		Foster (P,S, X)	98.82%	99.08%	99.19%	0.11%
		CCSHCN (provider type 22 and 23)	N/A	100.00% *	100.00% *	0.00%
		Total CAP 12 - 24 months	97.94%	98.73%	97.10%	-1.63%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 25 months - 6 years of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	92.58%	92.79%	92.13%	-0.66%
		SSI Blind (B, BP, K)	80.00% *	100.00% *	100.00% *	0.00%
		SSI Disabled (D, DP, M)	92.66%	92.75%	92.10%	-0.65%
		Foster (P,S, X)	92.15%	88.77%	89.27%	0.50%

		CCSHCN (provider type 22 and 23)	N/A	94.74%	100.00%	5.26%
		Total CAP 25 months - 6 years	92.40%	91.29%	91.17%	-0.12%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 7 - 11 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	94.62%	93.78%	92.82%	-0.96%
		SSI Blind (B, BP, K)	100.00% *	50.00% *	100.00% *	50.00%
		SSI Disabled (D, DP, M)	94.60%	93.85%	92.80%	-1.05%
		Foster (P,S, X)	96.05%	92.34%	93.83%	1.49%
		CCSHCN (provider type 22 and 23)	100.00% *	95.30%	98.78%	3.48%
		Total CAP 7-11 years	94.90%	93.46%	93.36%	-0.10%
		Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 19 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	92.38%	90.64%
SSI Blind (B, BP, K)	100.00% *			75.00% *	N/A	N/A
SSI Disabled (D, DP, M)	92.35%			90.69%	97.78%	7.09%
Foster (P,S, X)	94.06%			91.70%	96.88%	5.18%
CCSHCN (provider type 22 and 23)	96.43% *			92.78%	100.00% *	7.22%
Total CAP 12-19 years	92.68%			91.04%	97.55%	6.51%
CMS 416						
Measure	Measure Description	Breakout	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
CMS 416 EPSDT - Dental Services	This performance measure assesses the percentage of members ages < 21 years,6-9 years and 10 – 14 years of age who received the specified dental services.	Any Dental Services		45.72%	44.67%	-1.05%
		Preventive Dental Services		41.70%	40.25%	-1.45%
		Dental Treatment Services		17.50%	17.90%	0.40%
		Sealant on a Permanent Molar Tooth		4.11%	4.46%	0.35%
		Diagnostic Dental Services		47.16%	42.20%	-4.96%
		Oral Health Services Provided by a Non-Dentist Provider		N/A	2.55%	N/A
		Any Dental or Oral Health Service		46.66%	46.31%	-0.35%

* Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

** Adult Tobacco Screening Measures were new for RY 2016.

N/A – Not Applicable; plan did not have any eligible members for this rate.

Appendix E– Validation Findings for WellCare of Kentucky

Medical Record Tools, Instructions and Processes

IPRO reviewed WellCare's medical record review tools and instructions. Key findings included:

- A training agenda was not provided, however data abstraction tools, HEDIS medical record training manual and training documentation was provided. Documentation was prepared by Altegra Health.
- IRR results showed pass/fail scores by abstractor and by measure for all abstractors. A minimum 95% quality standard is required.
- WellCare and its vendor, Altegra Health insured that all abstractor's and field reviewers maintain the 95% accuracy level. For WellCare field reviewers who fall below the 95% accuracy level, they have 50% of their records reviewed for accuracy. Once the 95% accuracy level is maintained, only 5 % of the records will be reviewed for accuracy. If 95% accuracy is not met by WellCare staff, they are re-trained following the Altegra Health process for abstractors and field reviewers.
- WellCare conducted 100% over-reads on all exclusions/contraindication charts received.
- The MCO did not provide specifics on abstractor qualifications, however, documentation on pre-employment screening s of credentials, license verifications, and clinical experience were provided. Clinical abstractors were assigned to measure groups based on clinical experience.
- The MCO provided a copy of WellCare's 2016 NCQA HEDIS Compliance Audit which noted full compliance and no issues were identified.

Medical Record Review Validation

The results were as follows:

- § *Adolescent Preventive Screening: Screening/Assessment of Depression: PASSED VALIDATION*
15 of 15 records passed validation
- § *Prenatal and Postpartum Risk Assessment/Education/Counseling: Screening/Counseling for Tobacco Use: PASSED VALIDATION*
14 of 15 records passed validation
 - One record could not validate the members pregnancy
- § *Adult Screening/Intervention for Tobacco Use: PASSED VALIDATION*
15 of 15 records passed validation

Administrative Measure Validation

- § *Children's and Adolescents' Access to PCPs, ages 25 months – 6 years: PASSED VALIDATION*
20 of 20 records passed validation

Performance Trends RY 2015 to RY 2016

Table E lists the increases and decreases from RY 2014 to RY 2016 across performance measures for WellCare.

- Adult Preventive Care measure rates for RY 2016 were comparable to RY 2015 and RY 2014 rates. 81.01% of adults had height and weight documented, with a quarter of those having a healthy weight for height (25.73%). Counseling for Nutrition rates (31.81%) and counseling for physical activity rates (29.52%) were comparable.
- Adult Tobacco Use measures were new for RY 2016. 60.87% of the adult population had a tobacco screening, with 56.39% of those screened identified as tobacco users. Of those tobacco users, 50.67% received an intervention or counseling.
- LDL screenings only increased by 2.10% from RY 2015; the rate reported for RY 2016 was 74.66%.
- RY 2015 saw a dip in rates for children's height and weight measures, but RY 2016 rates showed a positive trend upwards in percentages. Height and weight documentation for children 3 to 17 years of age was 71.76% for RY 2016 and of those, 37.93%, had a healthy weight for height (an increase of 6.98% from 2015).

- For adolescents, tobacco use and alcohol Screenings were slightly higher than rates for sexual activity and depression screenings. Tobacco use screening rate for RY 2016 is 57.66%, alcohol screening rate 40.88%, sexual activity screening rate 21.90%, and depression screening rate 30.66%.
- Perinatal measures showed a small improvement from RY 2015 rates for nearly all measures
 - Tobacco Screening rates improved 13.67% to a RY 2016 rate, 52.83%. Identification of tobacco users only improved by 6.81% (42.35%), but of those users, only 51.81% received any intervention, a decrease of 4% from RY 2015.
 - Alcohol Screening rates improved nearly 10% from RY 2015, resulting in a rate of 46.09%
 - Substance Use screening rates improved slightly more than alcohol screening rates (11.25% increase) to a reported value of 43.94% of perinatal members.
 - Other measures such as assessments (nutrition, OTC/prescription use) and screenings (depression, postpartum depression, domestic violence) also saw improvement. Most significant improvement was seen for postpartum depression measure rates that had an increase of 19% from RY 2015 (55.81%).
- The modified Annual Dental visit measure saw small improvements from RY 2015. 62.72% of children 2 to 21 years old had at least one annual visit during measurement year 2015.
- WellCare visits were the highest for age group, 3 to 6 year olds (67.83%), in comparison to the 15 month olds (44.91%) and 12 to 21 year old age groups (38.60%). RY 2016 rates were nearly comparable to RY 2015.
- As seen with most MCOs, rates for children's access to PCPs exceeded 90%. Rates did not change much across age groups, but ages 12 months to 6 years of age saw a small improvement from RY 2015. Children 12 months to 24 months had the highest rates of children with access to a PCP (98.38%) whereas 93.52% of children ages 12 to 19 had a visit to a PCP, the lowest rate of the age groups.
- CMS 416 dental services measure did not see vast improvements across the various submeasures except considerable increases were seen for members receiving oral health services from a non-dental provider (23.14%) and rates of members with any dental or oral services (60.29%) from RY 2015 rates. Both rates were the highest amongst the reported rates from other MCOs (refer to Table 3).

Table E: WellCare of Kentucky – RY 2014, 2015 and 2016 Performance Measure Rates

Adult Preventive Care						
Hybrid Measure(s)						
Ages	Measure	Submeasure	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
18 to 74	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	84.72%	83.56%	81.01%	-2.55%
18 to 74	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	25.53%	25.50%	25.73%	0.23%
18 to 74	BMI	<u>Had Outpatient Visit and Counseling for Nutrition</u>	27.78%	33.79%	31.81%	-1.98%
18 to 74	BMI	<u>Had Outpatient Visit and Counseling for Physical Activity</u>	33.33%	32.42%	29.52%	-2.90%
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Screening for Tobacco Use **</u>			60.87%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Positive Screening for Tobacco Use **</u>			56.39%	N/A
18 to 74	Adult Tobacco Use	Had Outpatient Visit and <u>Received Intervention for Tobacco Use **</u>			50.67%	N/A
Administrative Measure(s)						
Ages	Measure	Submeasure	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Men aged >= 35; Females aged >=45	Cholesterol Screening	Had Outpatient Visit and had <u>LDL-C/Cholesterol Screening</u>	80.86%	72.56%	74.66%	2.10%
Child and Adolescent Preventive Care						
Hybrid Measure(s)						
Ages	Measure	Submeasure	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
3 to 11	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	78.49%	68.50%	70.51%	2.01%
12 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	82.35%	72.46%	74.45%	1.99%
3 to 17	BMI	Had Outpatient Visit and <u>Record of Height and Weight</u> during measurement year or prior year	79.86%	69.83%	71.76%	1.93%
3 to 11	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	21.62%	32.64%	39.72%	7.08%
12 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	15.75%	27.72%	34.29%	6.57%

3 to 17	BMI	Had Outpatient Visit and Had <u>Healthy Weight for Height</u> During Measurement Year or Prior Year	19.48%	30.95%	37.93%	6.98%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Tobacco Use</u>	54.90%	62.33%	57.66%	-4.67%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Alcohol/Substance Use</u>	37.91%	38.36%	40.88%	2.52%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Sexual Activity</u>	24.18%	26.71%	21.90%	-4.81%
12 to 17	Adolescent Screening	Well-Visit or Preventive Visit with PCP/OB-GYN and <u>Screened for Depression</u>	21.57%	40.41%	30.66%	-9.75%
Perinatal Care						
Ages	Measure	Submeasure	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with Screening for Tobacco Use at one of first two prenatal visits	40.96%	39.16%	52.83%	13.67%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Tobacco Use at one of first two prenatal visits</u>	36.31%	35.54%	42.35%	6.81%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Tobacco Use</u>	59.65%	55.81%	51.81%	-4.00%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Alcohol Use at one of first two prenatal visits</u>	40.16%	36.57%	46.09%	9.52%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Alcohol Use at one of first two prenatal visits</u>	2.63%	3.54%	4.68%	1.14%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Alcohol Use</u>	25.00% *	0.00% *	25.00% *	25.00%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year with <u>Screening for Substance/Drug Use at one of first two prenatal visits</u>	36.97%	32.69%	43.94%	11.25%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Positive Screening for Substance/Drug Use at one of first two prenatal visits</u>	9.29%	12.87%	13.50%	0.63%

	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Intervention for Substance/Drug Use</u>	53.85% *	7.69% *	50.00% *	42.31%
	Perinatal Screening	Had a Live Birth Between November 6 of the Prior Year and November 5 of the Measurement Year with an <u>Assessment/Education/Counseling for Nutrition at One of First Two Prenatal Visits</u>	17.82%	21.36%	25.07%	3.71%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the Measurement Year with <u>Assessment/education/counseling for OTC/prescription Medication During One of First Two Prenatal Visits</u>	30.59%	34.30%	35.31%	1.01%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Screening for Domestic Violence During One of the First Two Visits</u>	20.48%	17.80%	21.56%	3.76%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Had Screening For Depression During One of First Two Visits</u>	27.93%	24.27%	32.88%	8.61%
	Perinatal Screening	Had a Live Birth Between November 6 of the prior year and November 5 of the measurement year and <u>Received Screening for Postpartum Depression</u>	44.16%	36.81%	55.81%	19.00%

Children with Special Health Care Needs: Access to Care and Preventive Care Services

Administrative Measure(s)

Preventive Care

Measure	Measure Description	Aid Category	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Annual Dental Visit	The percentage of members 2–21 years of age who had at least one dental visit during the measurement year.	SSI Total (B, BP, D, DP, K, M)	55.60%	53.35%	55.71%	2.36%
		SSI Blind (B, BP, K)	58.50%	48.08%	57.14%	9.06%
		SSI Disabled (D, DP, M)	55.60%	53.37%	55.70%	2.33%
		Foster (P,S, X)	74.20%	71.77%	73.07%	1.30%
		CCHCN (provider type 22 and 23)	70.40%	69.64%	71.44%	1.80%
		Total ADV (2-21 years)	61.81%	60.09%	62.72%	2.63%
Modified HEDIS® Well Child 15 Months (6+ Visits)	The percentage of members who turned 15 months old during the measurement year and who had 6+ well-child visits with a PCP during their first 15 months of life.	SSI Total (B, BP, D, DP, K, M)	40.00%	38.35%	31.17%	-7.18%
		SSI Blind (B, BP, K)	100.00% *	0.00% *	N/A	N/A
		SSI Disabled (D, DP, M)	39.20%	38.64%	31.17%	-7.47%
		Foster (P,S, X)	59.10%	44.51%	45.05%	0.54%
		CCHCN (provider type 22 and 23)	54.20%	46.77%	54.67%	7.90%
		Total WC15	52.27%	43.69%	44.91%	1.22%

Modified HEDIS® Well Child Ages 3 - 6	The percentage of members 3–6 years of age who received one or more well-child visits with a PCP during the measurement year.	SSI Total (B, BP, D, DP, K, M)	58.00%	61.05%	61.36%	0.31%
		SSI Blind (B, BP, K)	60.00% *	50.00% *	71.43% *	21.43%
		SSI Disabled (D, DP, M)	58.00%	61.11%	61.31%	0.20%
		Foster (P,S, X)	67.60%	67.11%	73.27%	6.16%
		CCHCN (provider type 22 and 23)	67.50%	68.59%	72.63%	4.04%
		Total WC34	62.77%	64.51%	67.83%	3.32%
Modified HEDIS® Adolescent Well Care	The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	SSI Total (B, BP, D, DP, K, M)	31.70%	31.41%	32.47%	1.06%
		SSI Blind (B, BP, K)	25.90%*	25.81%	28.13%	2.32%
		SSI Disabled (D, DP, M)	31.70%	31.43%	32.49%	1.06%
		Foster (P,S, X)	52.70%	51.78%	52.09%	0.31%
		CCHCN (provider type 22 and 23)	41.70%	44.22%	47.59%	3.37%
		Total AWC	36.97%	37.07%	38.60%	1.53%
Access to Care						
Measure	Measure Description	Breakout	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 12 - 24 months of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	96.80%	96.62%	96.47%	-0.15%
		SSI Blind (B, BP, K)	100.00%*	100.00%*	N/A	N/A
		SSI Disabled (D, DP, M)	96.70%	96.60%	96.47%	-0.13%
		Foster (P,S, X)	95.70%	99.52%	99.04%	-0.48%
		CCHCN (provider type 22 and 23)	95.60%	97.55%	99.16%	1.61%
		Total CAP 12 - 24 months	95.94%	97.88%	98.38%	0.50%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 25 months - 6 years of age who had a visit with a primary care practitioner (PCP) in the reporting year.	SSI Total (B, BP, D, DP, K, M)	94.50%	94.54%	95.39%	0.85%
		SSI Blind (B, BP, K)	83.30% *	91.67% *	100.00% *	8.33%
		SSI Disabled (D, DP, M)	94.50%	94.56%	95.36%	0.80%
		Foster (P,S, X)	90.50%	91.49%	93.85%	2.36%
		CCHCN (provider type 22 and 23)	94.30%	95.99%	98.46%	2.47%
		Total CAP 25 months - 6 years	93.36%	93.92%	95.56%	1.64%
Modified HEDIS® Children's and Adolescents' Access to PCPs	The percentage of members 7 - 11 years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Total (B, BP, D, DP, K, M)	97.90%	96.18%	96.45%	0.27%
		SSI Blind (B, BP, K)	100.00% *	100.00% *	100.00% *	0.00%
		SSI Disabled (D, DP, M)	97.90%	96.16%	96.44%	0.28%
		Foster (P,S, X)	94.40%	93.33%	92.80%	-0.53%
		CCHCN (provider type 22 and 23)	98.60%	98.68%	98.55%	-0.13%
		Total CAP 7-11 years	97.09%	95.66%	95.45%	-0.21%
Modified HEDIS®	The percentage of members 12 - 19	SSI Total (B, BP, D, DP, K, M)	95.50%	93.98%	93.84%	-0.14%

Children's and Adolescents' Access to PCPs	years of age who had a visit with a primary care practitioner (PCP) in the reporting year, or the year prior.	SSI Blind (B, BP, K)	100.00% *	95.00% *	94.74% *	-0.26%
		SSI Disabled (D, DP, M)	95.50%	93.98%	93.84%	-0.14%
		Foster (P,S, X)	94.00%	92.20%	91.50%	-0.70%
		CCSHCN (provider type 22 and 23)	97.60%	96.41%	98.42%	2.01%
		Total CAP 12-19 years	95.29%	93.73%	93.52%	-0.21%
CMS 416						
Measure	Measure Description	Breakout	RY 2014 Rates	RY 2015 Rates	RY 2016 Rates	Change from RY 2015 to 2016
CMS 416 EPSDT - Dental Services	This performance measure assesses the percentage of members ages < 21 years, 6-9 years and 10 – 14 years of age who received the specified dental services.	Any Dental Services		47.50%	49.11%	1.61%
		Preventive Dental Services		42.08%	43.02%	0.94%
		Dental Treatment Services		21.09%	21.83%	0.74%
		Sealant on a Permanent Molar Tooth		5.49%	5.43%	-0.06%
		Diagnostic Dental Services		45.10%	46.61%	1.51%
		Oral Health Services Provided by a Non-Dentist Provider		1.97%	23.14%	21.17%
		Any Dental or Oral Health Service		49.18%	60.29%	11.11%

* Caution should be taken when interpreting these measure rates as denominators are less than or equal to 30.

** Adult Tobacco Screening Measures were new for RY 2016.

N/A – Not Applicable; plan did not have any eligible members for this rate.